

GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST
MEETING OF THE COUNCIL OF GOVERNORS
Thursday 09 November 2023
3:00pm – 5:30pm
Charles West Room, Barclay House, Great Ormond Street, London, WC1N 3HZ

NO.	ITEM	ATTACHMENT	PRESENTER	TIME
1.	Welcome and introductions	Verbal	Ellen Schroder, Chair	3.00pm
2.	Apologies for absence	Verbal	Ellen Schroder, Chair	
3.	Minutes of the meeting held on 05 July 2023	A	Ellen Schroder, Chair	
4.	Matters Arising and action log	B	Anna Ferrant, Company Secretary	
STRATEGY AND PLANNING				
5.	Governor requested item: <ul style="list-style-type: none"> Overview of Patient Safety at GOSH 	C	Sanjiv Sharma, Chief Medical Officer	3.10pm
6.	People Planet Update and Refreshed People Strategy	D	Caroline Anderson, Director of HR&OD	3.30pm
7.	Children's Cancer Centre (CCC) Planet Update	E	Gary Beacham, CCC Delivery Director	3.45pm
PERFORMANCE and ASSURANCE				
8.	Chief Executive Report including: <ul style="list-style-type: none"> Integrated Quality and Performance Report (Month 5, August 2023 data). Finance Report (Month 5, August 2023 data). 	F	John Beswick, Chief Finance Officer	3.55pm
9.	Update from the Young People's Forum (YPF)	G	Rose Dolan and Kamya Mandhar, YPF Governors	4.15pm
10.	Reports from Board Assurance Committees <ul style="list-style-type: none"> Quality, Safety and Experience Assurance Committee (September 2023) People and Education Assurance committee (September 2023) Audit Committee (October 2023) Finance and Investment Committee (September 2023) 	H I J K	Amanda Ellingworth, Chair of the QSEAC Kathryn Ludlow, Chair of PEAC Gautam Dalal, Chair of Audit Committee Suzanne Ellis, Chair of Finance and Investment Committee	4.25pm

GOVERNANCE				
11.	Auditor's Annual Report 2022/23	L	John Beswick, Chief Finance Officer	4.40pm
12.	Update from the Nominations and Remuneration Committee <ul style="list-style-type: none"> • Non-Executive Director Succession Planning and Recruitment • Appointment process for the University College of London nominated Non-Executive Director • Extension of Tenure for a Non-Executive Director • Chair and NED remuneration 	M N O P	Ellen Schroder, Chair / Anna Ferrant, Company Secretary	4.45pm
13.	Council of Governors Effectiveness Survey Results 2023	Q	Paul Balson, Head of Corporate Governance	4.55pm
14.	GOSH Council of Governors Election Update 2023	R	Paul Balson, Head of Corporate Governance	5.05pm
15.	Governance Update <ul style="list-style-type: none"> • Constitution and Governance Working Group • Updated Fit and Proper Person Policy • Governors Sustainability Working Group 	S T	Anna Ferrant, Company Secretary / Natalie Hennings, Deputy Company Secretary	5.10pm
16.	Update from the Membership Engagement Recruitment and Retention Committee including: <ul style="list-style-type: none"> • Progress against the Membership Strategy • AGM Post event summary 	U	Paul Balson, Head of Corporate Governance	5.20pm
17.	Any Other Business	Verbal	Ellen Schroder, Chair	5.25pm
Next Meeting Thursday 22 February 2024; 3:00pm – 5:30pm				

DRAFT MINUTES OF THE COUNCIL OF GOVERNORS MEETING
5th July 2023
Held virtually via videoconference

Present:

Sir Michael Rake	Chair
Beverly Bittner-Grassby	Parent/Carer Governors: Parent/Carer from London
Stephanie Nash	
Kamran Ansari	
Claire Cooper-Jones	Parent/Carer Governors: Parent/Carer from Rest of England and Wales
Josh Hardy	Patient Governors: Patients from Home Counties
Constantinos Panayi	Patient Governors: Patients from London
Robert Ferguson	Parent/Carer Governors: Parent / Carer from the Home Counties
Julian Evans	Public Governors: Rest of England and Wales
Peace Joseph	Public Governors: Public Governors from London
Roly Seal	
Hannah Hardy	Public Governors: Public Governors from Home Counties
Quen Mok	Staff Governors
Jacqueline Gordon	
Dilys Addy	
Elizabeth Nuttall-Collins	
Kamya Mandhar	Appointed Governors: Young People's Forum
Prof Jugnoo Rahi	Appointed Governors: UCL GOS Institute of Child Health

In attendance:

Amanda Ellingworth	Non-Executive Director
Kathryn Ludlow	Non-Executive Director
Gautam Dalal	Non-Executive Director
Chris Kennedy	Non-Executive Director
John Quinn	Chief Operating Officer
John Beswick	Chief Finance Officer
Rachel Watson*	Performance Manager
Gary Beacham*	Children's Cancer Centre Programme Director
Louise Parkes*	Chief Executive, GOSH Charity
Anna Ferrant	Company Secretary
Natalie Hennings	Deputy Company Secretary

Paul Balson	Head of Corporate Governance
Victoria Goddard	Trust Board Administrator (minutes)

**Denotes a person who was only present for part of the meeting*

33.	Apologies for absence
33.1	Apologies were received from: Sapna Talreja, Parent/Carer Governor; Olivia Burlacu, Patient Governor; Abbigail Sudharson, Patient Governor; Eve Brinkley-Whittington, Public Governor; Tania Ahmad, Staff Governor and Rose Dolan, Appointed Governor.
34	Minutes of the meeting held on 20 April 2023
34.1	The Council approved the minutes of the previous meeting.
35	Matters Arising and action log
35.1	Minute 62.3 – Sir Michael Rake, Chair said that the financial case for the Children’s Cancer Centre (CCC) was complete and was being reviewed by NHS England. The Corporate Affairs team would work with the CCC team to determine when the information could be shared with the Council.
36	An update on waiting times and the impact on patients and their families
36.1	Rachel Watson, Performance Manager said that prior to the pandemic, average waiting times at GOSH were approximately 10 weeks and this had increased to 18 weeks at the peak of the pandemic. Following recovery to 13 weeks by mid-2021 there had since been a deterioration as a result of strike action, and this had reached a peak of 17 weeks in May 2023. When benchmarked against other Trusts, GOSH’s Referral to Treatment performance was in line with others and was fourth in GOSH’s peer group of 10 Trusts. Approximately 60% of the Trust’s breaches of the 18 week referral to treatment target were within 6 specialties which had specific challenges and action plans were in place for each of them.
36.2	GOSH had a small number of long waiting patients over 104 weeks who were being monitored on a daily basis to ensure they were treated as soon as possible. The majority of these patients were in the lower clinical priority treatment categories. Cancer waiting times continued to be maintained at 100% performance against target which was a good achievement.
36.3	Impact on patients and families of waiting times was monitored in a number of ways including through feedback from the Friends and Family Test and ratings had remained high with 98% of respondents reporting that they would recommend GOSH to their friends and family. Some themes had been identified in the commentary of the responses which included short notice cancellations and delays.
36.4	Periods of industrial action were closely associated with a reduction in performance against the Referral to Treatment target however the impact was reducing with each period of strikes.
36.5	Quen Mok asked for a steer on the impact of long waits on patients. John Quinn said that harm reviews were undertaken when patients were seen and the process for this had recently been refreshed. One service with long waits was dentistry and of 18 patients

	who had been seen through the support of mutual aid and assessed for harm, none had been found to have come to harm as a result of their long wait.
36.6	Kamran Ansari, Parent Carer Governor asked about the action that was being taken to support specialties with waiting list challenges and John Quinn said that the causes of these challenges were different across clinical areas. He said that the dental service had experienced challenges prior to the pandemic as a result of a national shortage of paediatric dentists and support had now been sought from another London Trust who were treating some GOSH patients. John Quinn said that the cardiac service was extremely successful with excellent outcomes but had seen a considerable growth in patients. All specialities with waiting time challenges had action plans in place and these were followed up at Directorate Performance Reviews. Many other specialties were performing well in terms of access with some meeting the national target.
36.7	Sir Michael Rake said that it was clear to the Non-Executive Directors that the Executive Team were doing all they could to minimise the impact of waiting times and industrial action on patients and their families.
37	Children's Cancer Centre (CCC) Project Update
37.1	Gary Beacham, Children's Cancer Centre Programme Director said that the CCC Full Business Case had been submitted to NHS England at the end of May 2023 and was in the process of being reviewed which would take a number of months. Full planning permission had been awarded by the London Borough of Camden and public engagement had begun. The next cost check gateway would begin in the week of 10 th July which would be the most up to date opportunity to review market prices and good progress was being made on RIBA4. The GOSH Charity had reported positively on their fundraising progress and the Trust had been successful in publishing two articles in The House magazine which reached key audiences for the development.
37.2	Members of the CCC team had attended the 'Get Active' sports day and had positive engagement with Children and Young People to test parts of the design. The team would also be attending the Young People's Forum. Focus was now being placed on the main contract award and the initial work towards negotiation was taking place.
37.3	Sir Michael Rake highlighted that the lead architect and mechanical and electrical designer for the project had expressed concern that they would be unable to meet their forthcoming RIBA4 programme deliverables. He asked if this was a concern and Gary Beacham said that they had submitted a revised RIBA4 design programme which was being worked through by all parties. He said that an extension to RIBA4 was not likely to have a material impact on the overall programme and work would take place to assess which elements of design would continue into the following year. Sir Michael Rake said that the Board felt that the project was moving forward well but was aware of its complexities and the importance of continuing to scrutinise the programme.
38	Reports from Board Assurance Committees
38	<u>Quality, Safety and Experience Assurance Committee (June 2023)</u>
38.1	Amanda Ellingworth, Chair of QSEAC said that a follow up review of the Gastroenterology Service had taken place and very positive informal feedback had been received. The Trust was awaiting the formal written report. An external review of the safeguarding service was underway, and the team would be returning to GOSH in

	September to undertake complete their interviews with staff. A peer review had taken place of GOSH's learning disability and autism service by another paediatric Trust which had commended the team for its passion and ambitious strategy but said that further consideration of its operational implementation was required.
38.2	The Trust would be revising its management of patients in ICU levels 1 and 2 focusing primarily on the safe provision of patient care. The transformation project had been efficiently run and consultation had taken place with staff and patients.
38.3	Following good engagement with manufacturing providers GOSH had been able to stand down manufacturing of parenteral nutrition which had enabled capacity to complete outstanding actions arising from the review by the Medicines and Healthcare Products Agency and good progress was being made in this regard.
39	Chief Executive Report
39.1	John Quinn, Chief Operating Officer said that there had been an increase in the number of open incidents and the patient safety team was focused on working with directorates to close and theme them. Although vacancy rates in the Trust were below target overall there were areas which required attention, and this was being monitored. Future industrial action was planned, and this would continue to impact the Trust's referral to treatment performance.
39.2	<u>Finance Report (April 2023 data)</u>
39.3	John Beswick, Chief Finance Officer said that the Trust was £2million behind plan at the end of month 2, of which £1.6million was as a result of strike impact due to the reduction in Elective Recovery Funding (ERF), incremental costs for staff cover and other costs. He said that whilst some costs were clear, some areas of impact were less easy to measure such as the reduction in focus on the transformation programme and better value.
39.4	Cash remained strong and activity in International and Private Care was continuing in line with plan.
39.5	It was anticipated that industrial action would continue, and John Beswick said that he was working with NHS England to determine the way in which the loss of income should be calculated.
40	Update on the work of the GOSH Children's Charity
40.1	Louise Parkes, Chief Executive of the GOSH Charity said that the Charity was mid-way through its current five year strategy which had three key pillars: impact, income and partnership which were underpinned by enablers of: digital, culture and innovation. Priorities were set annually, and focus had been placed on reducing the list of priorities to those which were absolutely key, the primary priority being the Children's Cancer Centre. Louise Parkes said that this was the Charity's largest fundraising project to date and the impact of the project would be measured from the outset. The Hospital Priorities Steering Group had been successful in ensuring there was close alignment between the Trust and Charity on the areas of need and the Charity Commission stipulated that funding must be in areas which were not already funded by the NHS. Patient and public involvement was increasingly being used to identify which were likely to have the greatest impact.
40.2	The fundraising project for the Children's Cancer Centre had been launched with a

	private phase and a lead donor had been secured with a donation and the Trust was continuing to work with long term donors. Pledges had currently been received, the amount was extremely positive and showed that the transformational nature of the CCC was clear to donors however Louise Parkes said that it was likely to be more challenging to identify the remainder of the funds.
40.3	Constantinos Panayi, Patient Governor highlighted that innovation in healthcare was vital and asked how this was supported by the Charity. Louise Parkes said that the Charity funded DRIVE which was GOSH's innovation hub and worked to use data and technology in healthcare to improve outcomes. Sir Michael Rake said that considerable focus as part of the CCC programme had been ensuring that the building was future proof and flexible.
40.4	Beverly Bittner Grassby, Parent Carer Governor said that as Governors were very involved in the Trust's work but only had a tenure of six years there was potential for involvement with the charity following Governors having stepped down.
40.5	Peace Joseph, Public Governor asked whether contingencies were in place in the event that fundraising pledges did not materialise and Louise Parkes said that this was the first time the Charity had entered a capital build project without having raised all funds in advance. She said that considerable financial modelling had taken place over the five years of the project considering the Charity's reserves and status as a going concern. Scenario planning showed that sufficient contingency was in place to complete the project. Sir Michael Rake said that following discussions at joint Board meetings between the hospital and Charity the two organisations were confident that they would work together in this regard. He added that a contingency was also in place to cover budgetary overruns.
40.6	Jacqueline Gordon, Staff Governor noted that GOSH Charity was the largest paediatric health charity and asked where the organisation's voice was being focused. Louise Parkes said that advocacy was a new area for the Charity and a pilot project was being developed between GOSH, the GOS UCL Institute of Child Health and the Charity to consider areas which were likely to have the most impact. The first area had been palliative care and focus would also be placed on paediatric cancer. A broader theme of health inequalities had been identified. The Council welcomed this work.
41	Update from the Young People's Forum (YPF)
41.1	Kamya Mandhar, Appointed Governor said that the YPF had received a presentation on high dependency care at GOSH and had considered the proposed options for HDU provision going forward. The YPF preferred option had been in line with that of the wider Trust.
41.2	The YPF had contributed to making information about stalking accessible for younger people as part of safeguarding. The forum had recommended that the information be available digitally as stalking could also take place online.
41.3	Consideration had been given to improving family experience at GOSH using prompts such as 'what makes you happy' and 'what makes you feel at home' and responses had been grouped by theme. Other stakeholders had also been consulted.
41.4	Sir Michael Rake welcomed the work of the YPF and said that it was an important part of GOSH.

42	Reports from Board Assurance Committees
42.1	<u>People and Education Assurance Committee (May 2023)</u>
42.2	Kathryn Ludlow, Chair of PEAC said that staff turnover had reduced during the pandemic and was now increasing to previous levels. A deep dive would be taking place to identify affected areas and potential drivers. Sickness was above the GOSH target but was below the NHS target and would continue to be monitored.
42.3	Safe staffing establishment reviews were undertaken twice per year to ensure that the correct skill mix was in place, and this had been reviewed by the Committee. An update on the nursing strategy would be presented to the Trust Board on 6 th July which included the retention plan.
42.4	<u>Audit Committee (June 2023)</u>
42.5	Gautam Dalal, Chair of the Audit Committee said that the most recent meeting had been focused on reviewing the year end documents and recommending them to the Trust Board for approval. The Committee had discussed provisioning for International and Private Care debtors and the External Auditor view was that GOSH's provisioning was prudent but within a materially acceptable range. The audit of the accounts had been ongoing however the auditors had not identified any material concerns so far. He thanked the finance team for their work to complete the audit.
42.6	The Committee had discussed the Board Assurance Framework and agreed the risk statements for the new standalone risk around the delivery of international and private care targets and for business continuity as well as the risk statement and scores for the new BAF risk around the climate emergency.
42.7	The Audit Committee had also approved the internal audit workplan for 2023/24.
42.8	<u>Finance and Investment Committee (May 2023)</u>
42.9	Gautam Dalal, FIC member said that the key item for discussion had been the annual plan for 2023/24 which was being prepared on a breakeven basis with a key assumption that there would be no further industrial action. It was likely that further strikes would take place and therefore it would be challenging to meet the outturn. This would continue to be monitored by the Committee.
42.10	A review had taken place of the key milestones in the Children's Cancer Centre programme and a tracking mechanism was in place to ensure that appropriate planning took place for each.
43	Appointment of the Lead Governor and Deputy Lead Governor
43.1	Natalie Hennings, Deputy Company Secretary said that the Council had approved the process for the appointment of the Lead Governor and Deputy Lead Governor and its last meeting and Governors had been asked to submit expressions of interest.
43.2	One nomination had been received for the Lead Governor from Beverly Bittner-Grassby who had provided a nomination statement. The Council approved the appointment of Beverly Bittner-Grassby as Lead Governor.

43.3	No nominations had been received for the Deputy Lead Governor role and Natalie Hennings confirmed that whilst this was not a mandated role the Council had previously requested that a deputy was in place. Beverly Bittner-Grassby said she felt that the Council would benefit from having a Deputy Lead Governor and added that it was a good opportunity to learn about the role and potentially go on to become Lead Governor. Claire Cooper-Jones agreed that the deputy role was helpful in supporting the Lead Governor and offered to take on the role until the end of her tenure in February 2023. This was agreed .
44	Appraisal process for the Chair and Non-Executive Directors and the role of governors
44.1	Anna Ferrant, Company Secretary said that contributing to the appraisals of the Non-Executive and Chair was a key role of the Council of Governors and the Council had approved the process and framework in July 2022 which included seeking feedback from Governors on the performance of the Chair and NEDs throughout the year.
44.2	The usual appraisal timetable coincided with the new Chair starting in post and it was proposed that this was extended to ensure that the new Chair was able to join the Trust and work alongside Non-Executive colleagues prior to undertaking their performance reviews. It was proposed that the NED and Chair appraisals were undertaken in April 2024 and that Sir Michael Rake provide feedback on the performance of the Non-Executive Directors to the new Chair prior to the end of his tenure. This was agreed .
45	External Auditor Appointment Process
45.1	Action: John Beswick, Chief Finance Officer said that the Council of Governors was responsible for the appointment of the External Auditors and the new contract was required to be in place by the start of 2023/24. Governors reviewed and approved timetable and process. John Beswick asked two Governors to nominate themselves to sit on the steering group. Peace Joseph, Public Governor nominated herself and it was agreed any other interested Governors would contact the Deputy Company Secretary. Beverly Bittner-Grassby encouraged Governors to become involved in this area and said that it was a good opportunity to learn about the procurement process. John Beswick said that the process would be led at Executive level and a small number of steering group meetings would take place between September 2023 and the end of the year.
46	Council of Governors' Effectiveness Review Questions
46.1	Paul Balson, Head of Corporate Governance said that the Trust was required by the Code of Governance to assess the performance of the Council of Governors and the Constitution and Governance Working Group had agreed that this would take place on an 18 monthly basis. Two sets of questions would be provided, one for Governors and one for Executive and Non-Executive Director attendees.
46.2	Action: Sir Michael Rake asked that any comments were provided by email to the Head of Corporate Governance. He said that it was intended that questions were broadly in line with those of the previous year to enable a comparison of responses. Anna Ferrant said that there would be an opportunity to provide comments under each question and she encouraged Governors to do this as it would provide additional information for learning.
47	Governance Update

47.1	Action: Natalie Hennings said that expressions of interest had been sought following the previous Council meeting to sit on the Council of Governors' subcommittees and working group. She said that all seats had been filled on the Council of Governors' Nominations and Remuneration Committee and Sustainability Working Group however two vacant seats remained on both the Constitution and Governance Working Group and the Membership Engagement, Recruitment and Retention Committee. Sir Michael Rake asked interested Governors to contact the Deputy Company Secretary.
48	Update from the Membership Engagement Recruitment and Retention Committee
48.1	Paul Balson said that the Trust had been invited to present at a regional membership meeting and an action plan was being developed of engagement opportunities which had been proposed by Governors.
48.2	Action: Beverly Bittner-Grassby said that Governors had discussed in their private session how the morning sessions could be used on meeting days and consideration had been given to including membership recruitment in the Lagoon as part of this. Jacqueline Gordon, Staff Governor noted that a Play Street was planned for September, and it was agreed that hosting a membership stand at the event would be explored.
49	Any other business
49.1	John Quinn highlighted that it was Sir Michael Rake's last Council of Governors prior to his departure at the end of his term in October 2023. Beverly Bitner Grassby thanked Sir Michael Rake for his support of, and work with, the Council throughout his tenure.

COUNCIL OF GOVERNORS ACTION CHECKLIST
November 2023

Checklist of outstanding actions from previous meetings

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
62.3	09/11/22	Daniel Wood, Cancer Planet Programme Director noted that previously Governors had requested additional financial information however this was not yet available, and a detailed cost analysis was ongoing. He confirmed that once this information was available it would be shared with Governors.	Daniel Wood	TBC	Update: The Financial Case within the Full Business Case has been completed. The Trust received approval of the full business case from the Department of Health and Social Care and NHS England in September 2023. The Corporate Affairs Team will work with CCC Team to determine when the information can be shared with the Council, and this will be made available on GovernorHub.
83.2	02/02/23	Sir Michael Rake, Chair said that discussion had taken place in his private meeting with Governors around ensuring that there was sufficient support for families at weekends particularly around patient deaths and it was agreed that an update would be provided on the services available at the weekend.	TBC	July/ November 2023	Update: Discussions ongoing with the Lead Governor to determine a future item to the Council
14.8	20/04/23	Discussion had also taken place in the Governors' private meeting about staff turnover and retention, and it was agreed that the Council would be kept updated on this as well as the recruitment pipeline and staffing hotspots throughout the Trust. Matthew Shaw said that considerable work had taken place on career progression and the Director of HR and OD would be invited to the committee to present on this.	TL & CA	November 2023	Complete: Item on the November 2023 Council agenda
45.1	05/07/23	John Beswick, Chief Finance Officer said that the Council of Governors was responsible for the appointment of the	All Governors	August 2023	Complete: Governors, Josh Hardy, Peace Joseph and Dilys Addy have put

Attachment B

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
		External Auditors and the new contract was required to be in place by the start of 2023/24. Governors reviewed and approved timetable and process. John Beswick asked two Governors to nominate themselves to sit on the steering group. Peace Joseph, Public Governor nominated herself and it was agreed any other interested Governors would contact the Deputy Company Secretary.			themselves forward to sit on the steering group.
46.2	05/07/23	Sir Michael Rake asked that any comments on the Council of Governors' Effectiveness Review questions were provided by email to the Head of Corporate Governance. He said that it was intended that questions were broadly in line with those of the previous year to enable a comparison of responses. Anna Ferrant said that there would be an opportunity to provide comments under each question and she encouraged Governors to do this as it would provide additional information for learning.	All Governors	July 2023	Complete: Council Effectiveness Review has now been completed and the results are on the November 2023 agenda
47.1	05/07/23	Natalie Hennings said that expressions of interest had been sought following the previous Council meeting to sit on the Council of Governors' subcommittees and working group. She said that all seats had been filled on the Council of Governors' Nominations and Remuneration Committee and Sustainability Working Group however two vacant seats remained on both the Constitution and Governance Working Group and the Membership Engagement, Recruitment and Retention Committee. Sir Michael Rake asked interested Governors to contact the Deputy Company Secretary.	All Governors	August 2023	Update: Council committee memberships are not yet at full complement. Interest from governors has been sought subsequent to the last meeting via the governors' newsletter. Seats still available include: <ul style="list-style-type: none"> • Two seats on Membership, Engagement, Recruitment and Retention Committee and • One seat on Constitution and Governance Working Group
48.2	05/07/23	Beverly Bittner-Grassby said that Governors had discussed in their private session how the morning sessions could be used on meeting days and consideration had been given to including membership recruitment in the Lagoon as part of	Paul Balson	September 2023	Complete: A membership recruitment and engagement stall is being held in the Lagoon on the morning of 09 November 2023 and the Head of Corporate

Attachment B

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
		this. Jacqueline Gordon, Staff Governor noted that a Play Street was planned for September and it was agreed that hosting a membership stand at the event would be explored.			Governance represented membership at Play Street in September 2023 along with the support from a number of governors

Council of Governors

09 November 2023

Oversight of Patient Safety at Great Ormond Street Hospital

Summary & reason for item:

This paper seeks to provide an overview of the safety systems and processes GOSH has in place to keep our patients, staff, and healthcare environments safe. It is a descriptive paper and does not seek to provide data towards assurance; that is covered in other regular reports to Trust Board and its Assurance Committees.

The significant continued improvements in safety at GOSH are managed through the Safety Transformation Board, with regular assurance reports provided to QSEAC; this paper does not detail that work but does acknowledge the areas in which further improvements are needed.

Report prepared by:

Sanjiv Sharma, Chief Medical Officer and Nikki Fountain, Business Manager

Item presented by:

Sanjiv Sharma, Chief Medical Officer and Nikki Fountain, Business Manager

Oversight of Patient Safety at Great Ormond Street Hospital

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Section 1: Executive Summary

Patient safety is a core purpose of everything we do at GOSH. Prior to the pandemic it was recognised at the Trust that there was a need to improve our approach to patient safety and be ambitious in the delivery of safe, holistic, high-quality care to our patients. This was the genesis of the Safety Strategy and Quality Strategy, both of which were produced with our staff and our patients and described where we want to be as an organisation. From this, a delivery plan was developed, and significant service reorganisation was undertaken to ensure we are organised to succeed. All of this has been done in collaboration with system partners and safety advocacy organisations who have sense checked and challenged throughout our improvement endeavours.

In our external landscape, several failures in healthcare safety and delivery have prompted investigations and recommendations which have and are changing the healthcare safety environment for the better. Most recently, the tragic neonatal deaths at the Countess of Chester Hospital have prompted a public enquiry, which will inevitably result in recommendation for healthcare organisations to incorporate into practice. This will take time, and there is a more pressing need for organisations to ask what systems, process, practice, and culture they have in place, which minimises the possibilities for any practitioner to work outside of expected norms, and where they do, what is in place for early recognition and correction? We must think about this across all healthcare error, and not just the terrible events at the Countess of Chester Hospital.

This paper seeks to provide an overview of the safety systems and processes GOSH has in place to keep our patients, staff, and healthcare environments safe. It is a descriptive paper and does not seek to provide data towards assurance; that is covered in other regular reports to Trust Board and its Assurance Committees. The significant continued improvements in safety at GOSH are managed through the Safety Transformation Board, with regular assurance reports provided to QSEAC; this paper does not detail that work but does acknowledge the areas in which further improvements are needed.

There is a significant number of safety processes to cover, and this paper covers these through descriptions of domains that relate to our people and culture, systems and processes, data, and governance.

Section 2: Introduction

Safety is always dynamic in highly complex, high risk, industries such as healthcare. As such, we must continue to review and assess our systems and processes to ensure they are both sensitive enough to detect error, deviations from the norm; and responsive enough to enable early interrogation and identification of learning.

Health is one of the most heavily scrutinised industries in the UK, and this is entirely appropriate. This scrutiny is applied through our leadership structures, commissioners, regulators, arm's length bodies, local authorities, local and national networks, the media, the general public, patients and their families.

Recently, GOSH has transformed the ways in which safety is viewed, actively aiming for sustained improvements in approach, systems, and culture of safety. Two years into this multi-year programme, it is timely for us to review the systems and processes in place which help to support the delivery of safe, high-quality care to our patients and their families or carers.

This review also provides the opportunity to learn from the failings identified in a number of recent high-profile cases or enquiries at Trusts such as East Kent, Birmingham, North West Ambulance Service and more recently Countess of Chester and Nottingham. With this knowledge, we are able to test our organisational approaches to quality and patient safety, and importantly, facilitates the identification of any potential gaps, or deficiencies in our approach, for which we will adapt our existing plans for improvement. This is the purpose of this paper.

To achieve this, this paper provides an oversight of the mechanisms in place to listen and learn from safety concerns that have been identified through incidents, staff speaking up or patient feedback (Safety I approach), and those mechanisms which allow us to be proactive in the identification of safety concerns prior to their occurrence (Safety II approach).

The paper focuses on three key areas relating to people and culture; systems and processes; and governance incorporating both internal and external systems and processes in place, whilst providing case studies to demonstrate these operating as anticipated and highlighting potential areas of improvement.

Section 3: Background

In February 2023, the Trust Board made a collective statement that safety is our purpose, and that we will *Listen, Learn and Lead*.

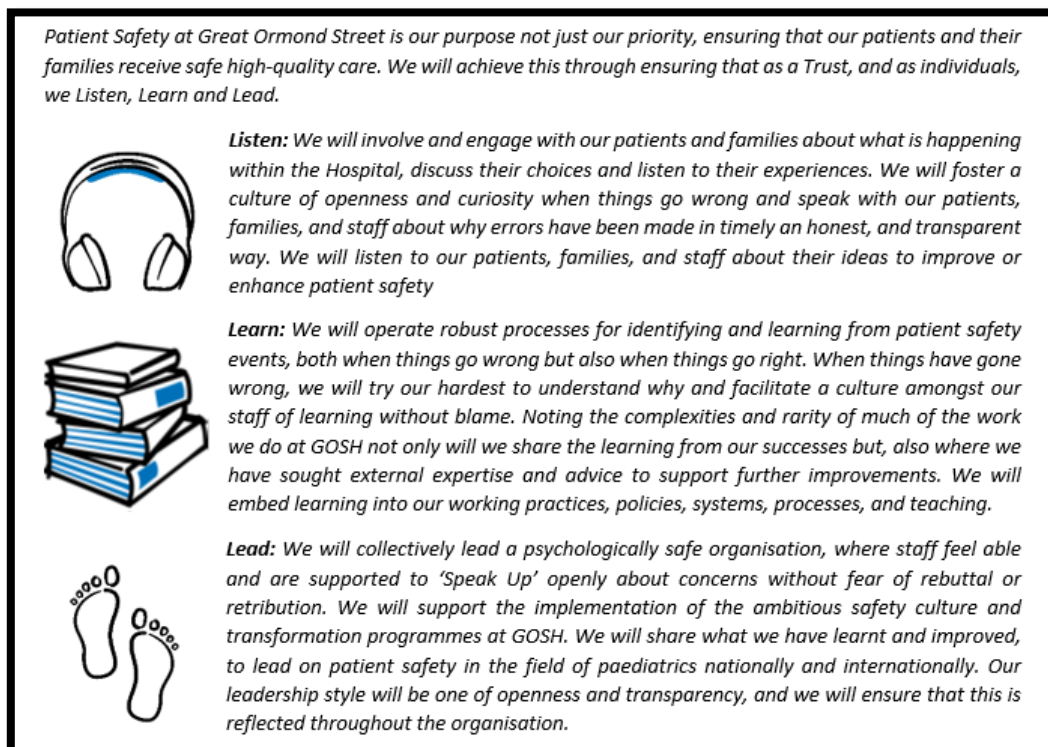


Figure 1: Great Ormond Street Hospital Safety Statement

The Trust has in place a Safety Strategy (2021 - 2026) and a Quality Strategy (2021 - 2026) (both submitted with this paper for information) which describe a multi-year approach to the development of safety and quality at GOSH. Both strategies are ambitious and describe the enhancement of world-class clinical services by improving the safety of care for children and young people with complex health needs.

In order to operationalise these strategies, delivery plans have been developed and incorporated into an overarching Safety Transformation Plan, with delivery overseen by the Safety Transformation Board, which includes colleagues from the healthcare system (North Central London Integrated Care System (NCL ICS) and Specialised Commissioning) and the patient safety charitable sector, who attend as 'critical friends.' Assurance on progress of the Safety Transformation Plan is provided to the Board Quality Safety Experience Assurance Committee on a six-monthly basis. Oversight and risks in delivery of the projects are escalated to the Executive led Risk, Assurance and Compliance Group (RACG) monthly.

GOSH has in place a number of systems and processes to support an organised approach to managing safety; this is known as the hospital *Safety Management System (SMS)*. These are fully integrated across the Trust and include the activities listed below, which will be explained in more detail through this paper.

- Identification of safety hazards
- Improving the management of known safety risks
- Monitoring safety performance
- Evaluation of safety interventions

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- Training and education for safety
- Promotion of safety surveillance and intelligence-gathering

The principles we maintain in order to provide assurance across the Trust of those activities, systems and process in relation to safety, quality and experience are listed below.

- Equal focus needs to be on the narrative and the numbers; there is more than just metrics
- No single figure / comment should be viewed in isolation; everything works as part of a system
- Every person in the organisation has a role to play in delivering safe systems; there must be ownership, accountability and escalation routes in place
- Data is critically important; information needs to be precise, valid, reliable, timely and relevant

Section 4: People and Culture

Our people are at the centre of our work around quality and safety, through the specific leadership roles we have in place, but also through their professional curiosity, their expertise, and their ability to intervene or problem solve. We actively encourage our staff to raise concerns, to constructively challenge when situations appear to not be safe, or when they witness deviations from best practice or from what is normally expected.

The culture at GOSH has been identified as needed to change and this has been described on our BAF. We will be launching our new People Strategy this year which has a focus on the culture of the Trust, safety culture, and one of creating a restorative culture as we further cement our commitment to a 'no blame' culture across our Trust. The safety culture programme will build on the foundations already in place and will utilise best practice from both nationally and internationally peers.

Our Leaders

The Chief Medical Officer (CMO) has Board level responsibility for safety and delivery of high-quality clinical services at the Trust, supported by the Executive Management Team. The Chief Nurse (CNO) has board level responsibility for Patient Experience, Infection Prevention and Control, Health Inequalities, Learning Disabilities and Safeguarding, and has recently been appointed the Executive Lead for Mental Health in recognition of the importance of this for our patients.

As a Unitary Board, the Chair, Non-Executives (NEDs) and the Executive Team all have collective, and individual, accountability for safety and are able to raise concerns directly and apply challenge where needed. Three NEDs sit on our subcommittee responsible for the oversight of safety, quality and experience, a Senior Independent Director (SID) is also in post providing a sounding board for the Chair, and acts as the intermediary between the Directors and Chair when necessary. A skills assessment is completed with the NEDs on an annual basis, led by the Chair and Company Secretary, to understand whether additional skills or expertise is required in-line with the Trust's strategic objectives and forms the basis for any additional recruitment as required.

Supporting the CMO, the nominated lead for Safety is the Associate Medical Director (AMD) for Safety and Resuscitation who works with the five Deputy Chiefs of Service, each of whom is the nominated Directorate lead for safety and quality. The AMD also has operational responsibility for patient safety across the Trust, and line manages the Head of Patient Safety and the Director of Safety Surveillance. The Safety Surveillance Team is a novel team, not seen in other Trusts, and is responsible for the oversight of all regulatory compliance and safety horizon scanning in a way that allows the Trust to learn from others.

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The Trust has additional senior roles supporting patient safety which include leads for Child Death Reviews, Organ Donation and the Human Tissue Authority. In addition are the Medicines Safety Officer, Director of Infection Prevention and Control, and the Named Nurse for Safeguarding. These roles are critical in supporting the delivery of safety systems, but also ensure that we comply with our statutory and legislative obligations in these areas.

Expertise

We recognise that we cannot improve patient safety and quality on our own, and *Patient Safety Learning*, *Civility Saves Lives* and *Action against Medical Accidents* have all supported the Trust over the past year in providing additional challenge and advocacy on behalf of our patients. Patient Safety Learning have been able to provide peer review as part of our Safety Transformation Board and have undertaken an assessment of GOSH against their national standards. We will aim to revisit this in November 2023 to assess our progress against their maturity matrix.

We have representation on the World Health Organisation's (WHO) Global Patient Safety Network, the only paediatric hospital member, which has helped elevate the voice of paediatrics on an international platform. Through this group we are able to share best practice, and learn from, a number of international countries. In light of the focus for World Patient Safety Day this year, our discussions to date have primarily been around elevating the voice of patients.

We are also developing our own knowledge and safety expertise; this year have presented at the International Society for Quality in Healthcare (ISQuA) Conference and at the International Forum on Quality and Safety in Healthcare.

The Clinical Audit Manager at GOSH provides expert support and advice to teams undertaking clinical audit, with approximately 40 projects supported directly in the last three months. Support ranges from a coaching conversation, governance advice and queries, to extensive involvement in planning and delivering projects. Examples in the last month of this support include:

1. Design guidance, and data support to help Walrus ward audit post catheter mobilisation time to improve patient experience and support a timely discharge (and to therefore increase flow).
2. Working with the hyperinsulinism team at GOSH, and with Alder Hey and Manchester Children's Hospitals to evaluate the effectiveness and experience of using a continuous glucose monitor.
3. Supporting a Children's Acute Transfer fellow with complex data analysis and audit structure to review antibiotic choice for respiratory referrals.
4. Data visualisation and guidance for STP Trainee in Genetic Counselling to review and understand best practice to present to Pan Thames Group.
5. Supporting Metabolic CNS to design audit to understand reasons for DNAs in PKU clinics.

Case Study #1 - Patient Safety Partners

We have recently recruited to four Patient Safety Partners (PSPs), two of which are young people who have lived experiences of being a patient at GOSH, and the remaining two being parents of patients at the hospital.

These roles have been newly developed and will see greater involvement of patients in the Trust's safety processes through membership at relevant committees and involvement in investigations and quality support visits across the Trust.

Two PSPs were able to join us for our World Patient Safety Day celebrations on the 15th September, and will be fully onboarded in the coming weeks, whereby we will formally announce their appointments. Due to time commitments, we anticipate that all four will be onboarded by January 2024.

Case Study #2 - Patient Safety Specialists

The Trust has eight Patient Safety Specialists (PSS) who are registered nationally. This role is described in the National Patient Safety Strategy and provides a conduit between NHS England's National Patient Team and the Trust.

The PSS team are all in senior positions across the Trust and have direct access to the Executive Team. This allows them to share learning and knowledge from external safety networks into the Trust; the result has been to integrate GOSH into the broader safety community in a much better way.

Case Study #3 - Young People's Forum

The Young People's Forum (YPF) is an integral part of the governance of the Trust, actively involved in co-production.

Recently the team have supported the development of the role of the Patient Safety Partners, and two young people have been successfully recruited to the role ensuring that the patient voice is heard at every level of the Trust.

The image below depicts the level of their involvement across the Trust over the past twelve months.



Figure 2: Young People's Forum contribution to Trust improvement

Education and Development

The Trust has in a place a Head of Education for Patient Safety (HoEPS), which is funded by the GOSH Learning Academy (GLA). Part of their remit is to support the continuous professional development of both knowledge and skills within the patient safety team and the Deputy Chiefs of Service group, and as part of this the Trust has welcomed subject matter experts such as Dr Mark Sujun, Associate Professor of Patient Safety at Warwick University and Professor Paul Bowie, Chartered Ergonomist and Human Factors specialist, safety scientist and medical educator with NHS Education for Scotland, to present around Human Factors and Patient Safety.

We have expanded the role of the 'Grand Rounds' to have a monthly specific focus on patient safety. These traditionally are used in medical education to help facilitate shared learning and understanding in healthcare settings. The Trust has delivered 13 *Safety Grand Rounds* to date which have focused on areas of learning including the East Kent Investigation Report, evacuation of the Trust's nursery, acting on a latent safety threats, and medicines safety to name a few. These topics have been identified either through external horizon scanning, or as a result of investigations or incidents internally.

Utilising our digital capability, the Trust has a suite of webinars and podcasts which are freely available to all staff which focus on areas pertaining to patient safety, and access to the national Patient Safety Syllabus Levels 1 and 2 within our eLearning platform. Some of these education materials have been developed specifically to increase knowledge and awareness across our workforce, and some are due to requirements for up-skilling in relation to the new patient safety incident response framework (PSIRF). We are working closely with the education arm of the Healthcare Safety Investigation Body (HSIB), who are due to facilitate a session in relation to strategic decision makers in October 2023.

The Trust now has circa 30 people trained in how to facilitate an After Action Review (AAR) and we are in the process of developing an AAR faculty to enable a cohort of staff to be utilised across the Trust as part of our learning responses, and to support the continued development of an open and learning culture.

We have in place an annual development programme for our Board and Executive team to support their continued professional development. These sessions are overseen by the Company Secretary and Chief Executive/Director of Human Resources and Organisational Development.

Case Study #4 - Patient Safety and Human Factors Conference

GOSH hosted its inaugural Patient Safety Conference in March 2023. This was opened with a discussion between Amanda Ellingworth and Melissa Mead, OBE who sadly lost her son to sepsis which was under recognised and insufficiently treated. She spoke about the importance of sepsis recognition, but also about medical error, candour and bravery in recognition of where to learn and improve. This set the tone for the day and a number of external expert speakers contributed, as well as staff who shared their experiences of patient safety and culture. The YPF also spoke about what patient safety means to them in a powerful video clip. The day was attended by over 300 attendees and was very positively received. We will repeat this in March 2024.

Section 5: Systems and Processes

This section explores those systems and processes we have in place to ensure our people have the right level of knowledge, skills and information to monitor safety and support the development of the culture within the Trust.

Integral to this is Speaking Up, and we provide an overview of the processes we have in place to enable our staff, contractors and patients to speak up.

Speaking Up

Within the Trust, there are a number of methods by which staff can speak up if they identify unsafe practice or near misses in relation to safety or quality. We have a dedicated Freedom to Speak Up Guardian (FtSUG) who works independently to the clinical or corporate directorates, and has unrestricted access to the CMO, Chief Executive and Non-Executive Director responsible for Whistleblowing. Following feedback from our staff, the FtSUG has dedicated, confidential, space away from the Trust's Executive Offices either located in the 'Hive' with the other staff support functions, or in a private office in one of the separate buildings around the Hospital site.

The 'iSpeakUp' platform exists to support staff who felt unable to speak up in the moment, or through other channels, and provides an anonymous route in which to do so. These are triaged to identify the most suitable person to address the concerns which is then shared with one of the members of the peer messenger network. This platform was initially launched during the pandemic, but currently is not well utilised across the Trust. We have recently met with the Peer Messenger Network to understand their thoughts and experiences of the process and will be working with them to review how this can be re-invigorated to provide a greater number of resources and resilience for our FtSUG.

There are more informal networks in place across the Trust, with Virtual Big Brief (VBB) and a #AskTheExec segment whereby questions are submitted in advance and can be raised anonymously by staff. This allows staff to ask questions directly of the Executive Management Team, and the recording is shared on 'OurGOSH' and through the weekly 'Headlines' email to all staff. This forum receives between 10 and 30 questions each fortnight and has resulted in changes taking place across the Trust. We are committed to ensuring that the anonymity function remains in place for this but have noticed that the past forums have featured comments and behaviours which are not aligned to our values and have called on staff to be mindful of their comments. We will continue to monitor this

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as we recognise the importance of staff being able to raise questions directly to the Executive Team, but also recognise the impact that some of the questions, comments and tone have on our staff.

We know that being in a minority can be a barrier to people feeling that they have a voice and are able to speak up. At GOSH we have 4 D&I Networks across the Trust: Women's, Reach, Pride and Enabled and these networks have been relaunched over the past twelve months with renewed leadership teams in place. They have supported a number of events over the past months which have focused on that of inclusion, and how to support staff to feel safe in work irrespective of their particular characteristics. We recognise there is much more for us to do here, and this will continue to feature in our culture work.

Case Study #5 - Internal Review triggered by concerns raised by staff

Following concerns raised through the speak up process by a member of clinical staff in relation to the individual practice of another member of staff, this was initially addressed through an informal process as part of the Trust's Maintaining Higher Professional Standards (MHPS) process. The informal processes were reviewed, and further concerns were raised regarding their clinical practice.

These escalations triggered the threshold for a formal, internal investigation commissioned into the individual's practice which was overseen by the Directorate Senior Leadership Team. As part of this review, the findings corroborated the initial concerns raised and remedial action was taken across the relevant speciality.

Incident Reporting and the Events Review Group (ERG)

Incident reporting is also a key method for staff recording concerns, with approximately 500 incidents raised per month. These incidents range from near misses to those where harm has occurred. The below table provides a snapshot of the number raised since March 2023:

Level of Harm / Date	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Total
Near miss	86	68	65	97	69	84	469
1 Incident occurred but there was no harm	369	282	340	377	378	365	2111
2 Minor	50	40	40	50	41	45	266
3 Moderate	3	5	2	4	4	7	25
4 Major	1	0	1	0	0	3	5
5 Catastrophic / Death	1	0	0	0	0	1	2
Total	510	395	448	528	492	505	2878

We review all incidents on a daily basis for those which have been classed as moderate or above, and initial fact finding takes place to understand any potential factors, or remedial actions which need to be taken immediately.

Established from August 2023, the Events Review Group (ERG) focuses on reviewing all events rated moderate and above, to identify immediate opportunities for learning, and any immediate changes

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needed at the Trust to maintain safe clinical environments. For incidents reported in the previous week, this meeting allows for prompt discussion supported informed by initial fact finding, and by the safety team. Incidents are presented by Directorates which drives a sense of ownership of safety by all, and not held by a corporate team.

During the ERG, the incident is presented, and consensus is sought on Duty of Candour requirements, whether the incident meets the current Serious Incident Framework definitions, if a local investigation is warranted, if this should take the form of an After Action Review, or Root Cause Analysis. Whilst this meeting is new to the organisation, early feedback has been good, and its effectiveness will be more formally assessed at 6 months.

Policies

Policies provide a consistency of approach across the organisation, are important in maintaining safety standards and form an integral part of a Safety Management System.

The Trust has 177 policies in place, and these relate to all areas of the Trust including those which are of a contractual basis. A Policy Approval Group (PAG) is an established process in place to review all new or amended policies for consistency. The Corporate Affairs team have in place a live policy tracker and notifies individuals up to three months prior to the expiry of their policy to ensure a review is finalised before expiry.

Each of the policies have monitoring tables which detail the processes in place to understand whether they are being followed, with oversight at the Risk, Assurance and Compliance Group (RACG), an Executive Team sub-committee and chaired by the Chief Executive. We recognise that more needs to be done to ensure compliance with all policies in place, and also to review the number of policies the Trust holds.

Case Study #6 - Access Policy for those over 16 and 18 years

As GOSH is a specialist paediatric hospital certain permissions and considerations need to be in place for the treatment of those patients who are aged over 16 and 18 years with differing considerations.

In the UK, adulthood is legally defined as being over the age of 18 years and therefore for the admission of this patients we need to consider safeguarding for both them and our patients and also the logistics of the treatment and/or intervention required.

Lead by the Deputy Medical Director, the existing Access Policy and the process for implementation has been clarified across the clinical directorates with accountability sitting with the Chiefs of Service. The image below depicts the process now in place for those who are over 18 years old, and this is monitored through the Medical Director's Office and through the Performance Review Meetings.

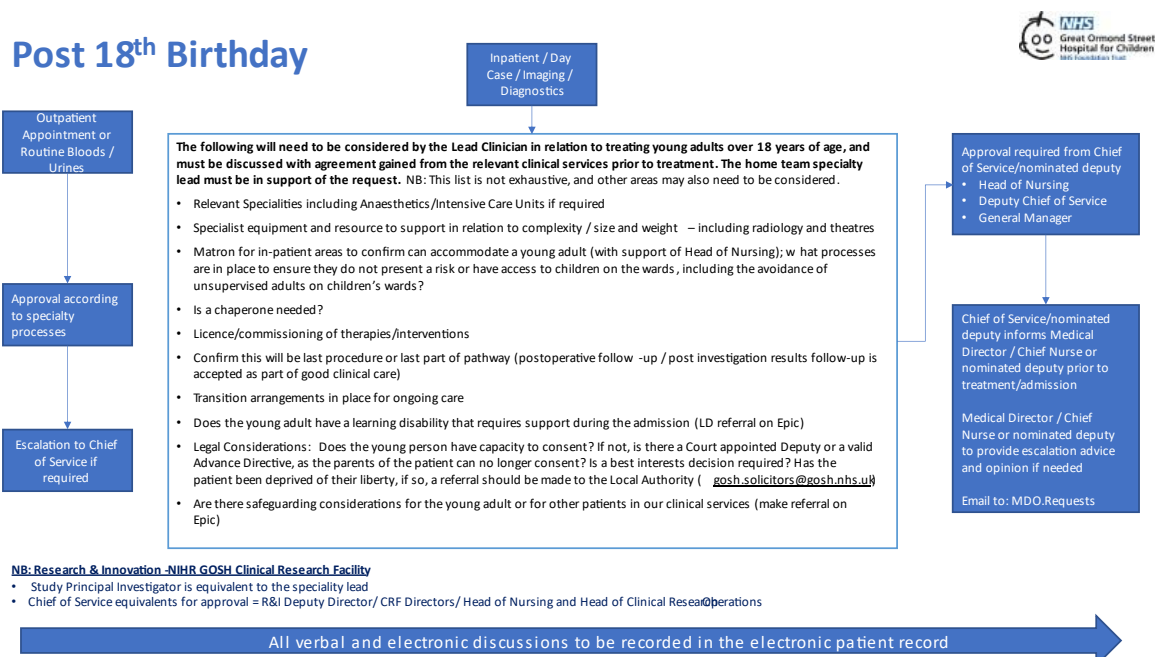


Figure 3: Access to clinical services at GOSH post 18th birthday

Clinical Guidelines

The Trust has 350 clinical guidelines. Created by specialities or departments, they focus on providing guidance to healthcare workers to support clinical decision making in real time and can be in relation to a specific procedure or presentation of symptoms.

Clinical Guidelines are stored on the Trust's intranet, and we have recently invested in a new reference storage system 'MindPalace' which will provide digital support. A Clinical Guidelines Committee is well established and reviews all guidelines in relation to format and structure, and also that appropriate peer review and subject matter expertise has endorsed the clinical content – recognising the specialist elements of a number of the GOSH guidelines. No clinical guideline is published on 'OurGOSH' without receiving formal approval from this committee.

This is an area where we recognise there is need for improvement. The management of Clinical Guidelines is a risk on our risk register and is subject to greater scrutiny through the Quality, Safety, Outcomes and Compliance Committee.

Medical Examiners

In April 2023, the Trust became compliant with the national Medical Examiner system. As part of this, senior physicians provide independent scrutiny of the causes of death, outside their usual clinical duties. UCLH provide the Medical Examiner service at GOSH as part of a Service Level Agreement (SLA) which also allows for GOSH to provide expert paediatric scrutiny for those childhood deaths that occur at UCLH. The Medical Examiner scheme will become a statutory requirement from April 2024 following changes to the Health and Care Act 2022 expected in the Autumn of 2023.

All deaths which occur at GOSH are discussed with the UCLH Medical Examiner team which has resulted in a reduction of referrals to the Coroner's office in some cases and allows grieving families the opportunities to speak to someone independently in relation to the care provided.

Section 6: Data and Metrics

GOSH is a very data rich organisation, and we collate and review data from across patient safety, patient experience, research, clinical outcomes. The newly created *Clinical Information Unit* will be able to undertake greater analysis of our data to drive improvement in safety.

Our regulators have a greater reliance on data, and data submission and assessment will feature more prominently as part of the new single assessment framework (SAF) for the Care Quality Commission (CQC).

We recognise that in order to identify trends or deviations early and instigate prompt intervention where required that we need to ensure that we have the right metrics in place, and following discussions at the Trust's Quality, Safety, Outcomes and Compliance Committee (QSOCC) we are undertaking a review of all metrics used in relation to patient safety, quality and experience to ensure that as a Trust we are confident we are focusing on the right metrics and are able to identify hot spots throughout the Trust. This will be important ward to Board.

The data we have is presented to a number of different forums with some listed in the table below, and a greater summary of two specific reports – the weekly safety report and integrated quality performance report detailed below.

Report	Data	Audience
Performance Review Report	Friends and Family Test Scores; % positive response rate; Incidents, Risks; Infection Prevention Control Statistics; WHO Checklist Compliance; Cardiac Arrests outside of Intensive Care; Clinical Letter turnaround times; Discharge Summary turnaround time	Executive Management Team
Quality Report	Clinical Audit, Quality Improvement Projects; Clinical Outcomes; Analytic Requests	Quality, Safety, Outcomes and Compliance Committee (QSOCC)
Thematic Analysis	Review of all reported incidents within the previous quarter	Patient Safety Team, Deputy Chiefs of Service,
Focus on Safety	Review of complaints; red complaints; serious incidents; claims; inquests; incident reporting analysis	Quality, Safety and Experience Assurance Committee (QSEAC) and Trust Board

- **Weekly Safety Report**

This report is collated by the Patient Safety Team with input from the respective Directorate areas and shared with the Executive Management Team (EMT) / Directorate Senior Leadership Teams on a weekly basis to provide a snapshot of patient safety/experience for the previous week.

This report is due to be redesigned in light of the changes to the way in which we report and investigate incidents and will include a narrative of the data along with an overview from the Head of Patient Safety regarding any potential weak signals which have been identified through the week. This new report will be in place by December 2023 and forms part of a larger project looking at safety metrics across the Trust.

Headline data

Metric	5 - 11 September	30 August – 4th September	22- 29 August	15 – 21 August
Number of SIs declared / Number reviewed at ERG	1/3	0/2	1/3	2/4
Number of SI investigations underway	7	5	6	5
Stage 2 DoC (letter within 10 days) overdue	0	0	0	0
Stage 3 DoC (report within 60 days) overdue	0	0	0	0
Red complaints overdue / Total open red complaints	0/0	1/1	0/1	0/1
Infection prevention and control – ongoing outbreaks	0	0	0	0
IP&C events – points of note	0	0	0	0
Legal – points of note	0	0	0	0
Resuscitation – points of note	2	0	1	0
Safety Alerts & Compliance Visits (within next 10 working days)	0	1	2	2
Health and Safety – points of note	0	0	0	0
Safety Intelligence Briefings- reports, themes and plans	1	1	0	1

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Figure 4: Headline data included in Weekly Safety Report

- **Integrated Quality Performance Report (IQPR)**

The IQPR is a monthly report, bringing together data from across patient safety, patient experience, safeguarding, infection prevention and control, patient access, and then two of the CQC domains of effective and well led. As you can see from the image below, the report is published with arrows which highlight the trends of the specific data sets and supported by red, amber, green (RAG) ratings where appropriate which are clearly defined as part of the glossary of the report.

The report is discussed at the Executive Management Team meeting and is reported to the Public Trust Board and our Commissioners from NHS England and North Central London Integrated Care Board.



Figure 5: Headline metrics in Integrated Quality Performance Report

Horizon Scanning

Horizon scanning involves the systematic review of publicly available information, allows the Trust to learn from other organisations, identifying any potential threats, risks or emerging issues. Learning from others provides considerable opportunities for improvements in the delivery of safe high quality services for children and young people.

The sources GOSH has accessed to support learning have included regulatory reports, Prevention of Future Death (PFDs) notices issued to other healthcare organisations, and reports from other arm's length bodies including Healthcare Safety Investigation Branch (HSIB) and the Parliamentary Health Service Ombudsman (PHSO) as well as NHS England and other NHS Trusts.

Most recently, understanding the reports in relation to Shrewsbury and Telford, East Kent and Birmingham, and the collation of themes focusing on monitoring safe performance, values and behaviours, teamwork and culture, and organisational behaviours. These themes have been incorporated into the Safety Transformation Plan and have formed part of the business plan for the Medical Director's Office over the upcoming 12 months. Outside of the healthcare sector, the Baroness Casey report into the culture and leadership of the Metropolitan Police Service, have provided insights into organisational elitism, and defensiveness has been a barrier for a healthy organisational culture. GOSH has been criticised in the past for being defensive in its approach, and the Verita review in 2022 highlighted the 'Always Expert' as a weakness for the Trust which stifled the ability to look past hierarchies in relation to safety.

All of this intelligence is gathered, reviewed and embedded into programmes of work and used to help critically review those which are already on-going or to understand whether additional workstreams are required. We published Safety Intelligence Briefings (SIBs) which are issued in response to external publications and incorporate views from both the Safety Surveillance Team but also the clinical teams which the reports relate to and are incorporated into the work of the clinical directorates. In addition to this is the quarterly horizon scanning report which provides greater level of analysis and details of significant reports, and greater scrutiny of what this could mean for us.

Benchmarking

The Trust has access to a number of external data sources which include *Model Hospital* and the *Getting it Right First Time* (GIRFT) programme. GIRFT is a national programme, aimed at improving through standardisation, both treatment and care; this is achieved through clinically led reviews of particular specialities to review current practice and identify any potential areas of improvement using a data-driven evidence base. At GOSH, GIRFT reports are overseen by the Safety Surveillance Team, with progress on actions reported on a quarterly basis through to QSOCC.

Clinical Outcomes and submissions to National Datasets such as PICANet are all actively managed through the Trust, with benchmarking undertaken at both a national and international level.

Section 7: Governance

The final section provides an oversight of the governance processes we have in place to ensure that the systems and process are functioning as anticipated. We have focused on three layers of oversight which exist here at GOSH, with each layer having equal importance but creating concentric circles and can be found in Appendix One.

The Trust has in place governance processes and committee structures which support the two-way flow of information from Board to Ward and Ward to Board. These structures are reviewed on an annual basis and all meetings are subject to a meeting effectiveness review in line with their terms of reference.

All formal meetings within the Trust have clear terms of reference in place and appropriate escalation routes clearly document, there is no meeting which doesn't feed into a more strategic committees or groups, with escalations undertaken through exception reporting.

In relation to quality and safety, the governance and information flows have been redesigned over the past twelve months to ensure the correct structures are in place, and there is a clear escalation route between those on the front line and the Executive Team / Trust Board and the relevant sub committees. This is seen through the new quality governance management framework, and through the Chief Medical Officer and Chief Nurse reports which are presented to the Quality, Safety and Experience Assurance Committee (QSEAC) where a number of appendices from the operational / management committees are triangulated to provide a rounded 'picture' of safety, quality and experience.

As demonstrated below this piece of work ensures there is a clear route between a hospital ward and the Trust's governance structures.

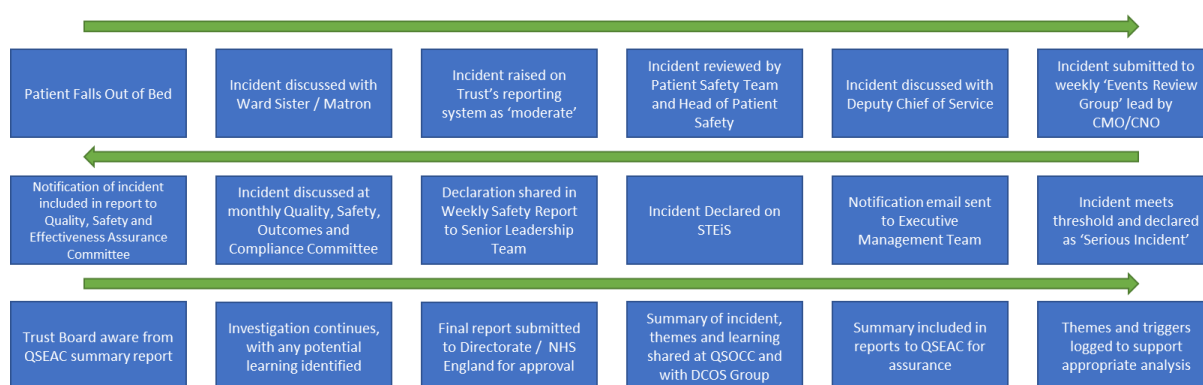


Figure 6: Flow of information from incident to Trust Board

Directorate, Trust-wide and Executive, Trust Board and External levels of safety oversight are set out as Appendix 1.

The Trust's governance and the new Quality Governance Management structures and their reporting lines is attached as Appendix 2. Within this structure are those meetings which have oversight and accountability of the use of medicines, medical devices and novel treatments which include the Drugs and Therapeutic Committee (DTC) and the Medical Equipment and Supplies Group (MESG). Both committees have delegated authority to make decisions in line with their terms of reference on behalf of the CMO; membership consists of a multidisciplinary team of professions, with support provided from senior members of the Pharmacy Team including the Chief Pharmacist, Medicines Safety Officer and Lead Pharmacist.

Safety Transformation Board

The Safety Transformation Plan ('the plan') has been designed to bring together *Safety* and *Quality* actions under one umbrella programme and incorporates the requirements set out in the National Patient Safety Strategy by NHS England. In addition to this, the plan incorporates the recommendations from independent internal and external reviews including:

1. Review of the effectiveness of the Trust's safety procedures ('the Verita Report'),
2. Review into Maternity Services at Shrewsbury and Telford Hospital NHS Trust ('the Ockendon Report')
3. Investigation into East Kent Maternity Services ('the East Kent Report').

This singular action plan has been developed to ensure that the Trust has oversight of all relevant actions which are pertinent to patient safety. The plan incorporates 155 separate, high-level actions which span over three years and is based on the standards developed by Patient Safety Learning and covers the seven areas identified in the diagram to the left.

The reports listed above have a number of common themes, some of which have been the subject to further independent and high-profile investigations since the Francis Report was published in 2013. These include lack of teamwork, ineffective leadership, lack of oversight and staff fearful of speaking up in the NHS.

The Safety Transformation Board is chaired by the Chief Medical Officer, or the Chief Nurse and has broad representation from across the Trust, as well as colleagues from NHS England, North Central London Integrated Care Board and *Patient Safety Learning* who act as 'critical friends' providing constructive challenge and ensure that the patient and system voice is integral to the programme.

At the end of year one, 51% were completed with only 15% critically delayed. Some of the actions that have been completed include:

- Delivered Incident Investigation training to the Patient Safety Team and Deputy Chiefs of Service, improved the accuracy and terminology used in investigation reports and implemented a standardised report design and sign off process
- Designed and published a new eLearning package in relation to Duty of Candour, and partnered with Action Against Medical Accidents (AvMA) to deliver bespoke training around the application of Duty of Candour with Empathy
- Issued new guidance on Medical Consultant Job Planning and procured a new electronic system to support
- Evaluated and redesigned the Quality Governance Management Framework for the Trust and implemented new meeting structures to improve the flow of information from Ward to Board and to ensure the correct level of accountability and oversight is in place.

Clinical Audit

At GOSH we undertake audits to understand compliance with our safety systems and we have a very active audit programme in place.

Our approach is to ensure that clinical audit provides assurance of the integration of learning from sentinel events, safety notices and learning identified from horizon scanning (safety 1 and 2). It is pleasing to see the approach at GOSH recognised in the NCL ICB response to the GOSH 2023/23 Quality Account

"GOSH have illustrated how they utilise clinical audit to monitor the effectiveness of actions identified through investigations into Serious Incidents (SIs). An audit of medical documentation across fourteen

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specialities conducted during December 2022 and January 2023 involving 151 sets of case notes indicated that there was a clear management plans for these patients, more work was needed to ensure that management plans were communicated to parents.

The team who conducted the audit have developed an action plan in response to the findings and presented to and approved by the Medical Advisory Group in April 2023, and the Quality Safety Outcomes and Compliance Committee (QSOCC)."

Current priority plan of clinical audit:

Audit	The value of this audit	Status of audit
Mental Capacity Act audit	To evaluate progress with documentation and practice to ensure delivery of effective practice to reduce delays and maintain experience for young people	Audit underway and lead to review progress in September 2023 with MCA documentation
Quality of medical documentation re-audit	To build on work completed and respond to findings and changes planned this year	Audit completed- and intervention planned with Medical Advisory Group to implement guidance for junior doctors to set expectations and improve accessibility of information across specialties
MDT Terms of Reference -re -audit	Evaluate further progress with effective MDT documentation and practice following learning from a prevention of future deaths report in 2019	Currently further implementing TOR and re-auditing to evaluate progress. To be reported to October 2023 QSOCC
Flowmeter CAS alert re-audit-	Evaluate and support progress to reduce risk of inadvertent harm associated with non-delivery of a patient safety alert.	Audit completed in July 2023 and improvement in process and reduced risk associated with the alert
Looked after children NICE guidance	Act on NICE guidance to understand the frequency and delivering of key processes for looked after children at GOSH, and to consider health inequalities in this population.	Phase 1 of the audit completed- and to review next stage of the audit in October 2023 with the Safeguarding leads for this work
Palliative Care Referrals-	To review whether patients who died at Great Ormond Street and required palliative care referral were referred	Phase 1 of the audit completed, and next steps to be clarified with Palliative Care team
Complaint - Documentation of surgical /IR CVL (Review implementation of learning from a complaint to reduce risk of miscommunication at discharge around the type of CVL inserted at GOSH	Audit timeframes to be agreed with Directorate leads, pending implementation of the action from the complaint
Medicine Safety Plan	Support the Medicine Safety Committee with a plan of audits to maintain and understand practice around <ul style="list-style-type: none"> • CD documentation • Storage of medicine 	Controlled Drug audits concluded in July 2023 and outlined below. Planned additional audits in theatres in September 2023. Planned annual storage audit for October 2023
External learning review -child death review process	To review the recommendations made following an external learning review undertaken at GOSH in 2022/2023 which apply to the child death review process at GOSH	Feedback has been received from CDRM attendees – and further audit to evaluate the views of all CDRM attendees will commence in September 2023 and be embedded into the CDRM process
Clinical Harm Review Process	To ensure that reviews are taking place to ensure patients are not coming to harm as a result of delays in their pathways.	To be audited three months following implementation and finalisation of the process at GOSH (planned for September 2023)

Case Study #7 - Recently Concluded Priority Audit - Controlled Drugs; July 2023

The results continue to show progress – the average performance with all the criteria measured in the audit is 91%. This compares with 91% in the last audit in September 2022. Baseline performance following recommencement of standard CD audits in May 2019 was 80%.

A report with themes was reviewed at the July 2023 Medicine Safety Committee (MSC). Ward level improvement actions had been shared with Matrons and Heads of Nursing for oversight – and are being monitored by the Clinical Audit Manager and the MSC.

Support for Speciality and team led audit

In addition to our priority clinical audit plan, we support clinical teams to engage in clinical audit to review the quality of care provided and to identify where improvements could be made. 126 clinical audits led by clinical staff were completed at GOSH during 2022/23. We aim to have over 100 completed specialty led clinical audits per year. We were able to meet this aim for 2022/23, which is reflects an ability to engage in clinical audit and quality.

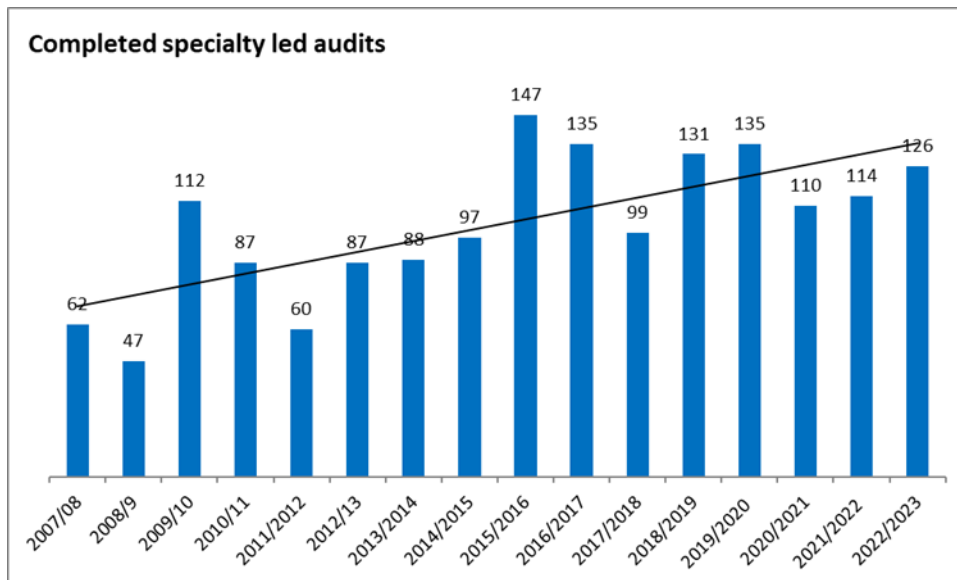


Figure 9: Yearly completion of clinical audits at GOSH

Audit in focus

Case Study #8 - Ambulation and discharge time for paediatric patients undergoing cardiac catheterisation as a day case – Walrus Ward

The team have worked to ambulate patients at two hours and discharge patients at four hours following post sheath removal. This benefits patients by allows them to be fit for discharge earlier and reduces the need for overnight beds. The team have audited the implementation of the change which has shown both the effectiveness and safety of ambulating patients at two hours.

This work was presented at the 2023 World Congress of Cardiology in Washington

“This work has highlighted our achievement, and presenting here has shared our success with some American children’s hospital who are interested in learning from our work here at GOSH” Vicky Gander, Ward Manager Walrus Ward

Internal or Invited Reviews

Service level reviews are routinely commissioned across the Trust if safety or quality concerns have been identified. If impartial expert peer review is possible in house, a review is carried out internally. However, if there is any concern regarding this then the Trust has the ability to commission an invited review with the respective Royal College, or through coordination of an expert panel.

In relation to safety concerns, the normal process is for these to be commissioned by the Chief Medical Officer, terms of reference agreed with the reviewing panel, and the commission managed operationally by the Directorate leadership team. The findings and any resulting action plan are then reported through the existing committee structures. For reviews in relation to patient experience, safeguarding or IPC these are commissioned by the Chief Nurse.

The Trust has recently commissioned a number of external reviews through Royal Colleges, subject matter experts, or consultancy firms with expertise in specific fields. These include reviews into:

- Gastroenterology
- Lower Limb Orthopaedics
- Ethics
- Safeguarding

The review team are clearly briefed prior to the review taking place that all safety and quality concerns must be raised in real time to the CMO or commissioning Chief of Service so that the Trust is able to take immediate action. From these reviews, areas of improvement that have been identified are included within specific action plans, managed in Directorate areas and overseen through the Trust’s existing governance structures.

Risk Management

The Trust has a comprehensive Board Assurance Framework (BAF) which currently has 20 risks included and has been rated as ‘fully assured’ by the internal auditors. This is reviewed on a monthly basis by the Executive Management Team through the Risk Assurance and Compliance Group and is scrutinised by the relevant assurance committees with oversight from the Audit Committee.

The Audit Committee has delegated authority from the Trust Board in relation to the addition, removal or downgrading of any of the items documented on the BAF. A summary of the BAF is presented to the Trust Board meeting at every public meeting, and each agenda item needs to clearly state how it aligns to the strategic risks of the Trust.

Attachment C

Risk registers are in place across all clinical specialities and corporate functions, and monthly Risk and Assurance Groups (RAGs) take place to oversee these at a local level. Risks which are rated as 15 and above or have an impact on multiple specialities/areas are considered at the Operational Board monthly and are reviewed in line with Trust Policy.

The Safety Surveillance Team have a role in overseeing the application of the Risk Management Policy, and adherence to the respective time frames listed within. Particular scrutiny is paid to those risks which are long standing, have had no change in scoring, and those which are rated as high impact or consequence with very low probability/likelihood to ensure that appropriate mitigations are in place.

Case Study #9 – Mental Health BAF Risk

In response to a gap analysis internally, and in light of the horizon scanning undertaken around Mental Health in Children and Young People, the Executive Team development a strategic risk in relation to Mental Health which details the following:

A lack of strategic focus on the delivery of mental health services at GOSH contributes to inequitable access to safe, effective care for children and young people with psychological needs.

As a result of this, a review has been undertaken of the mental health services provided by the Trust, and a request to the Care Quality Commission to add an additional regulated activity to our existing registration in relation to the ability to detain patients under the Mental Health Act. This change will enable us to provide the same level of care to our complex patients with both physical and psychological needs.

The Mortality Review Process at GOSH

Mortality reviews take place through three processes at GOSH which include a local M&M, a Mortality Review Group (MRG), and the Child Death Review Meetings (CDRM).

- **Mortality Review Group**

Established in 2012 to review inpatient deaths and is linked in with local case reviews undertaken by specialty teams and provides an additional oversight of inpatient deaths in the Trust. This group continues to review deaths to ensure a level of review and challenge can be provided before reviews are finalised at a Child Death Review Meeting (CDRM), as well as making referrals to other safety investigation processes at the earliest opportunity.

- **Child Death Review Meetings**

These are in place at GOSH following the publication of the Child Death Review Statutory guidance which applies for all child deaths after 29th September 2019 and should be held within 12 weeks of the child's death, following the completion of all necessary investigations and reviews. The responsibility of coordinating these meetings is held by the organisation in which the child died. For GOSH this means coordinating with teams across the UK, given the geographical spread of our patients.

CDRMs a multi-professional meeting, including those from external providers, where all matters relating to a child's death are discussed by the professionals directly involved in the care of that child during life and their investigation after death. The value of these meetings is enhanced by contributions from colleagues who have contributed to a child's care along all parts of the health and social care pathway.

Attachment C

We monitor our hospital mortality rate and check for any trends and changes in real time, which is reported in our Integrated Quality and Performance Report (IQPR). Importantly we also look at risk adjusted data, which considers how unwell the patient was on admission and the likelihood of death as a potential outcome. A proactive and close attention to our ICU mortality has allowed us to identify and quickly respond to any changes in our mortality, recent examples are described below.

Case Study #10 – Increase in mortality rate in May 2020

An increase in the mortality rate in May 2020 prompted a proactive internal review of deaths which was concluded in July 2020 by the Mortality Review Lead and Associate Medical Director for Safety to identify trends and understand the reasons for this. The review concluded:

- Two deaths following admission to GOSH from another Trust because of COVID 19 who would otherwise have died in a local hospital, and where death occurred at GOSH due to natural disease progression.
- One death where there was a COVID impact in terms of delayed presentation in the community.
- The reviews did not indicate care or service delivery problems provided at GOSH which account for increased deaths. There were no triggers noted in risk adjusted data for this period.

Case Study #11 – Paediatric Intensive Care Audit Network (PICANet) Quarterly RSPRT plot - Cause for concern requiring further investigation (2019)

Three risk-adjusted resetting probability ratio test (RSPRT) reset points occurred that suggested a higher PICU/NICU mortality rate than expected between the period 01/07/2018 to 30/06/2019. A review was concluded in November 2019, which identified the deaths were associated with significant comorbidities which were not then reflected in the PIM3 scoring methodology used to risk adjust and assess ICU mortality outcomes.

As an outcome the GOSH report led to changes in the national risk adjustment scoring system to account for BMT patients. Following the GOSH review, the Clinical Audit Manager and the Medical Lead for Child Death Reviews were asked by PICANet to make a significant contribution to national guidance with PICANet on how Trusts should respond to trends in RSPRT data which was published in October 2022.

KPMG Internal Audit

The Trust has in place an annual Internal Audit programme, conducted by the Trust's Internal Auditors, and overseen through RACG and the Audit Committee on behalf of the Trust Board. The Internal Audit plan is created in partnership with KPMG and the Executive Management Team through understanding the strategy and objectives of the Trust, the risk profile or through consideration of the other forms of management and independent assurance in place.

The schedules as part of the internal audit plan are listed below:

2022-23 Schedule	2023-24 Schedule
<ul style="list-style-type: none"> • Managing Partnerships • Data Quality – Patient Safety and Clinical Prioritisation • Above and Beyond – People Planet • Risk – Patient Safety Alerts • Diagnostics • Core Financial Systems • Governance - Directorates 	<ul style="list-style-type: none"> • Core Financial Controls • Complaints Management • Governance – Serious Incidents • Risk Management – Management of Ventilation and Infection Control • Business Continuity and Disaster Recovery • DSP Toolkit • Data Quality – Workforce Data

Case Study #12 – Clinical Harm Reviews

Following an internal audit review, and a rating of 'Partially Assured' the Trust has redesigned the clinical harm processes it has in place for the review of those on our waiting list.

This process has been designed utilising best practice and existing guidance from North Central London and other NHS Providers. Reporting will take place at the monthly Performance Review Meetings and reported to the Trust Board through the IQPR for oversight and an audit of the process is scheduled to take place in January 2024.

Section 8: Conclusion

In complex environments such as healthcare, in ensuring that we maintain safe environments and care, the Trust must ensure that it remains open, agile and responsive. The external landscape over the next 12 to 18 months will likely see changes in scrutiny and oversight, partly driven by interrogation of sentinel events in healthcare environments.

The Care Quality Commission were due to launch their new single assessment framework in July of this year, which has now been deferred to November 2023 with the potential roll out starting in the South of England, prior to moving to London and East of England. The Healthcare Safety Investigation Branch (HSIB) becomes the Health Services Safety Investigation Body (HSSIB), an Arm's Length Body of the Department of Health and Care with statutory rights from 1st October and ICBs/Specialised Commissioning is still being worked through in relation to oversight and accountability for safety and quality.

There is significant transformation internally in GOSH over the next 12 months, with the introduction of the new Patient Safety Incident Response Framework (PSIRF). This overhauls the management of incidents and serious incidents (go live January 2024), Learning from Patient Safety Events (LfPSE) the new reporting framework to replace the National Reporting and Learning System (go live in Autumn 2023) and there are plans to be one of the first NHS Trusts to roll out a Quality Management System to support a culture of continuous improvement in the next 6-12 months. This will continue to be monitored through QSEAC.

Attachment C

We are strengthening our leadership in relation to compliance and surveillance with a new Medical Lead role and a Faculty of After Action Review facilitators has been created to support a culture of systems based learning and to move away from that of identifying a singular root cause for incidents. Further to this, we will be the embedding of human factors tools and techniques, allowing the Trust to better understand work as imagined (WAI) versus work as done (WAD).

Safety metric reporting is currently under review to ensure that the narrative and context is provided, so that we are confident we are looking at the right metrics in the right environment to give a true picture of safety on site. Plans are also under way to develop a Paediatric Patient Safety Academic Unit to help improve understanding of patient safety at both GOSH and within the wider Health Service.

One of the areas the Trust is keen to develop, is that of understanding the 'weak signals' and to support a culture of professional curiosity whereby staff are empowered to raise concerns when something does not feel safe, where interactions and behaviours deviate from the expected norm. This 'soft intelligence' has been demonstrated to be incredibly valuable in gathering organisational safety information and must be supported.



Listening...



Learning...



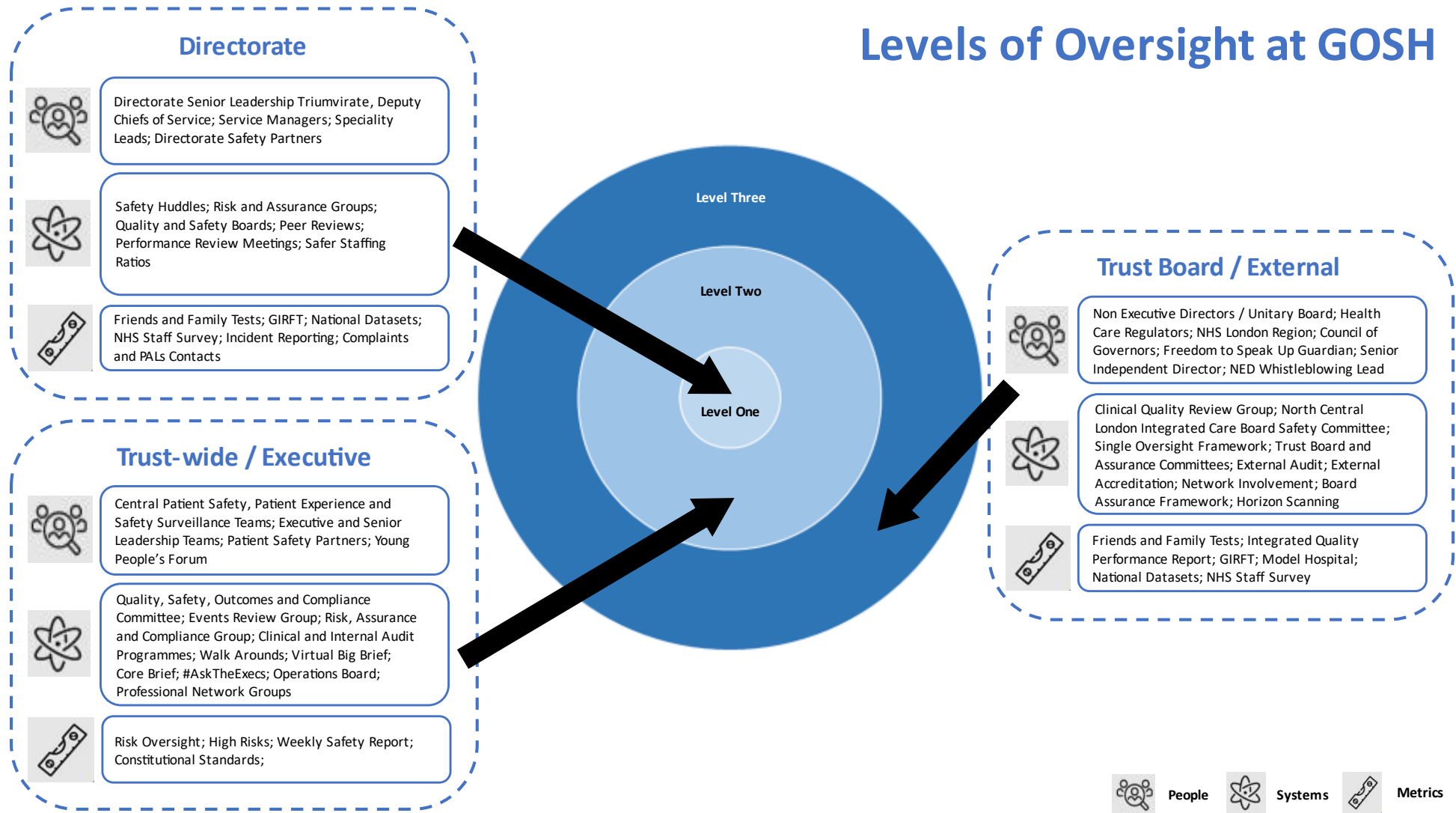
Leading...

Although it is extremely rare, it is important to note, that despite having robust and failsafe processes and systems in place, as a Trust we need to be cognisant to the fact that the unthinkable could still happen.

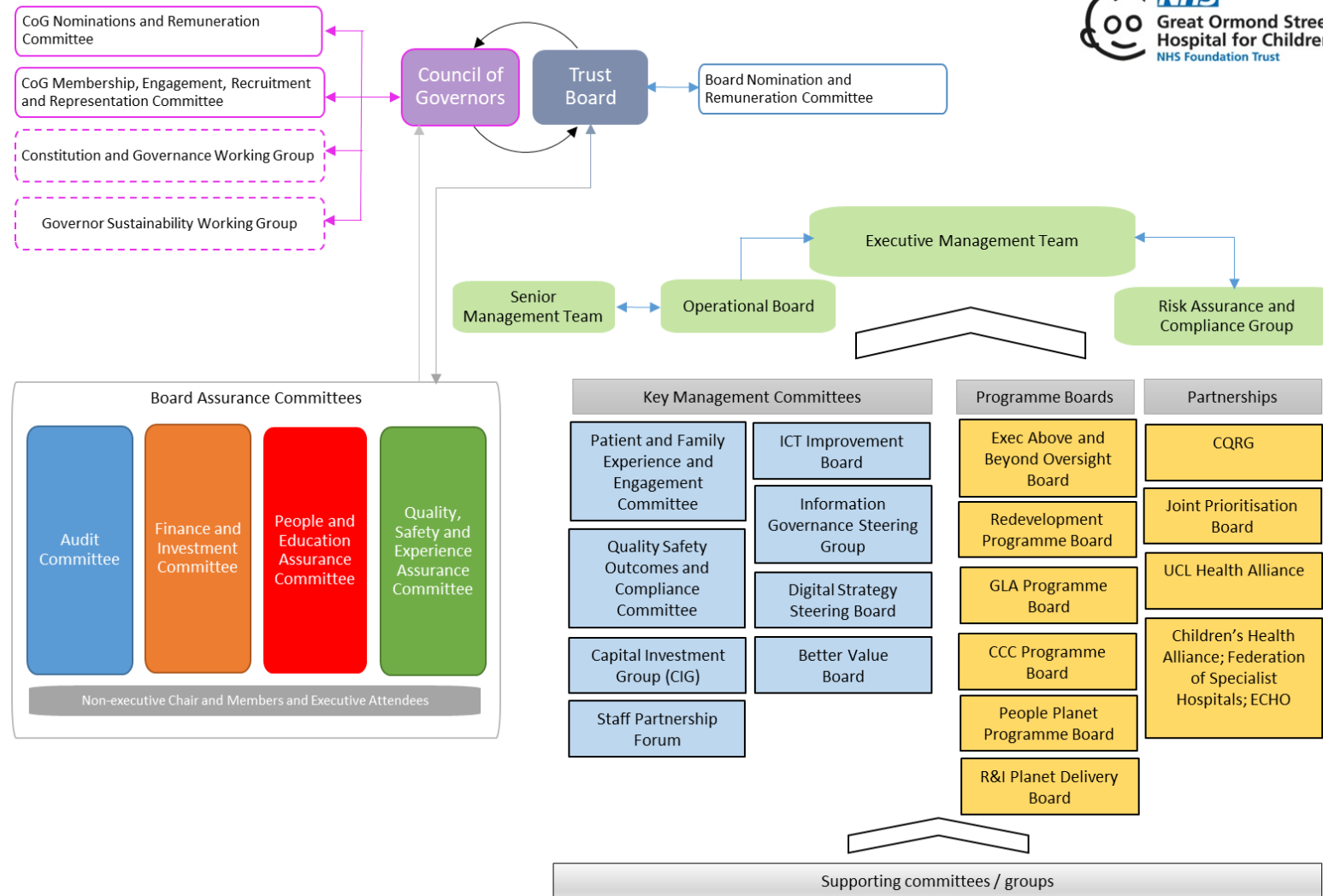
As demonstrated through this paper, we have in place the systems and processes to monitor and to prompt action when needed. However, we need to continue to be vigilant and interrogate our data and the intelligence gathered, open to the need for change where appropriate, we allow and support staff to act on their concerns, that we listen, and most importantly we continue to learn.

Appendix One: Trust Oversight Structures

Levels of Oversight at GOSH

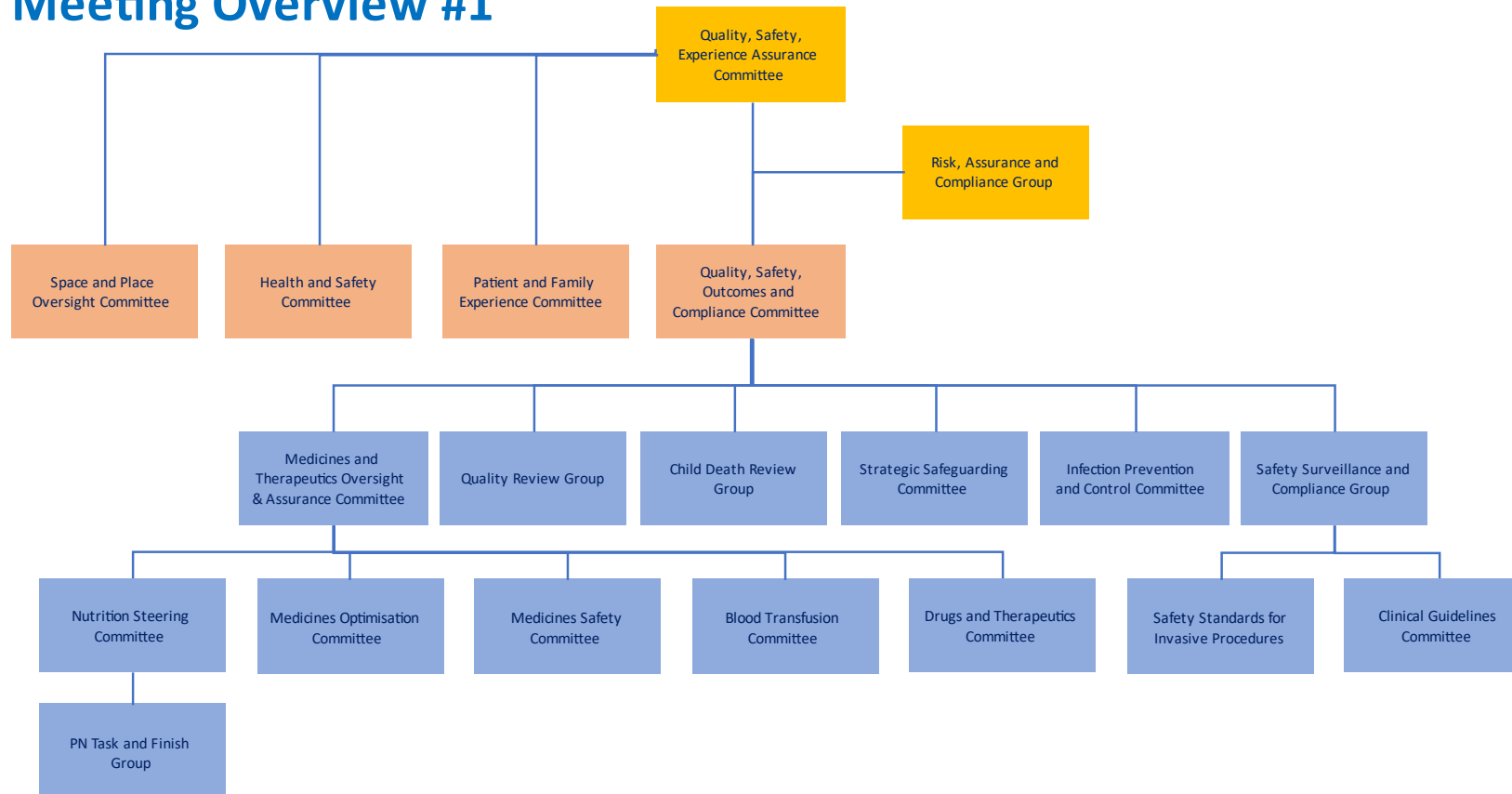


Appendix Two: Trust Governance Structure



Appendix Three: Quality Governance Management Framework

Meeting Overview #1



Council of Governors

09 November 2023

People Planet Update and Refreshed People Strategy

Summary & reason for item:

The council has requested an update on the trusts plans and actions in respect of staff recruitment, retention, career progression and diversity & inclusion. These areas of focus are the foundations of the recently updated GOSH People Strategy. This report provides more detail on the People Strategy, the actions and commitments included in it, and how we will measure the impact of delivering the People Strategy.

Governor action required:

For noting

Report prepared by: Sarah Ottaway, Deputy Director of HR&OD

Item presented by: Caroline Anderson, Director of HR&OD

People Strategy Update – November 2023

1. Background and Introduction

- 1.1. The first GOSH People Strategy was published in 2019. Its purpose was to bring together all of the people management issues and related activities, to provide visibility, but also to ensure that they were aligned, co-ordinated and focused on delivering the priorities of the hospital. The strategy set out the ambition to make GOSH a great place to work, by ensuring all our people are well led and well managed, and supported, developed and empowered to be, and do, their best.
- 1.2. In summer 2023, the People Strategy was updated (**Appendix 1 – see separate pack**) to build on the legacy and work of the original and reflect our current context which has become more complex. Whilst the purpose and ambition of the strategy remain unchanged and continue to align with the GOSH “Above and Beyond” strategic priority to “Make GOSH a great place to work by investing in the wellbeing and development of our people”, the context we now work in, organisationally, operationally and societally is significantly different.
- 1.3. The COVID-19 the pandemic acted as a springboard in some areas, rapidly accelerating the scale and pace of change. Staff showed commitment, energy and creativity, supporting the Trust and partner hospitals, changing ways of working and supporting recovery of services. But it has also left a negative legacy of increased sickness (including long Covid); lower morale and resilience; and for some staff, anxiety and burnout. So, while the pandemic has acted as a catalyst for the increased focus on staff communication and engagement, Equality Diversity & Inclusion, and health and well-being, maintaining that support and focus will be essential to delivering our long-term workforce goals in what has become an increasingly complex environment, which has been exacerbated by a demanding economic context which is in part driving a challenging public sector employee relations context unseen before in the NHS.
- 1.4. Through the updated People Strategy, the hospital has committed to:
 - Invest in the development, diversity and inclusion and welfare of our workforce
 - Create opportunities for career development and advancement across all roles
 - Develop the competence and skills to meet existing requirements alongside capability for the future, including service transformation.
 - Raise our leadership and line management capability, developing compassionate and inclusive leaders
 - Reposition our employee brand as an open and inclusive employer of choice
 - Invest in our corporate systems and infrastructure to provide more efficient ways of working
 - Grow communication and engagement capability throughout the organisation
 - Review our values to reflect the organisation we aspire to be and embed them in all that we are and all that we do

2. Themes and Commitments

- 2.1. The updated People Strategy sets out specific activities and commitments which will be delivered over the period 2023 to 2026. Reflecting the complexity of GOSH and its workforce, the People Strategy is wide reaching and includes 46 key commitments and

actions, aligned to four core themes: Culture and Engagement, Sustainable Workforce, Skills and Capability, and Processes, Systems and Infrastructure.

Culture and Engagement

including Health & Wellbeing and Equality, Diversity & Inclusion. Ensuring all our staff feel well led and well managed, but also valued, developed, and empowered to be and do their best

We will:

- Create a new Culture and Engagement framework which sets out our commitment to establishing a culture which supports our ambitions to make GOSH a great place to work for all staff.
- Refresh our Health and Wellbeing and EDI frameworks to align them both to the new People Strategy and our organisational context.
- Develop delivery plans to be reviewed annually with a set of impact metrics to assess and track progress.
- Review, consolidate and relaunch our well-being offer for staff to support them individually and collectively at difficult times ensuring that they are clear, accessible and mutually reinforcing.
- Extend reach and access to include a physical onsite staff well-being and support hub.
- Deliver and embed the Safety Culture programme to establish a culture which promotes transparency and supports the right and responsibility for all staff to speak up for safety, for themselves and for others.
- Continue to work with cross-organisational and directorate staff forums to inform and co-design our response to staff engagement and support initiatives
- Create and publish a Trust-wide response to the staff survey supported by local plans.
- Design and rollout a programme of culture workshops to inform and co-design the articulation of our desired culture going forward to support the alignment of the ambitions of the People and Safety strategies and integration of the Safety Culture transformation programme
- Undertake a Trust wide process to review our Values and behavioural frameworks to more accurately reflect the organisation we aspire to be and the culture we want to create.
- Invest in understanding and supporting effective matrix and complex team working, including setting expectations and standards of behaviour, supported by conflict resolution and mediation service.
- Refresh of our approach to recognition and celebration to reinforce what we value, including collective contribution and teamwork.
- Optimise the Our GOSH intranet to promote two-way dialogue.
- Create an annual corporate narrative and introduce a monthly cascade and core brief to support meaningful two-way engagement.
- Establish a network of corporate leaders to strengthen corporate leadership and working, supported by a governance infrastructure and an expectation statement which sets out corporate accountability and ownership to sit alongside their service responsibilities.
- Create a respectful, constructive and mutually beneficial relationship with the staff partners and union representatives and ensure full involvement in and shaping of GOSH People Strategy and appropriate programme

Building a sustainable workforce

to include Capacity and workforce-planning, resourcing and retention and strategic workforce and succession planning

We will:

- Launch and embed our repositioned employer brand and employee value proposition (EVP) to promote GOSH as an open and inclusive employer of choice.
- Develop an overarching recruitment and resourcing strategy with sub strategies to support key roles.
- Debias our recruitment policies and processes to deliver open and transparent process which are also efficient and effective.
- Build and maintain a strategic workforce planning model which is integrated into financial and activity planning work streams and the business planning cycle to support recruitment planning.
- Support directorates to build and maintain annual workforce plans focused on their workforce priorities and recruitment hotspots and support them to establish success.
- Establish an administration recruitment and retention work stream focused on building career and training paths and promoting opportunities which encourage people to stay and build a career at GOSH.
- Implement the Nursing Strategy and imbed the STAY nursing recruitment and retention programme
- Open up and promote internal recruitment opportunities through secondments, work shadowing and promotion opportunities.
- Implement the Modernising the Clinical Workforce programme to support workforce planning, integrated working and succession planning across and within linked professions supported by job planning.
- Plan for the future workforce through the extension of the advanced clinical practice programme and the use of clinical leaders roles (proleptics) for services unique to GOSH.

Developing skills and capability

ensuring that the Trust continues to meet its core responsibilities as a teaching, training and research hospital, as well as building skills and capability to meet the new challenges and changing priorities.

We will:

- Provide a learning and development framework that is easily accessible for all staff across all roles and disciplines.
- Develop career pathways for all roles linked to learning opportunities and apprenticeships.
- Provide a multi-professional leadership development programme for aspiring, developing and established leaders.
- Develop and implement a development programme to support and harness the potential of the Corporate Leadership Network
- Embed leadership behaviours into appraisal and talent processes.
- Review and modernise our approach to personal development reviews (PDRs) to provide meaningful opportunities to improve performance and capability alongside development.
- Increase the capability of managers to provide a supportive work environment.
- Provide a structured approach to accessing coaching, mentoring and mediation.

- Develop a programme of development to increase capability and confidence for service redesign, change management, digital technology, and project management.
- Develop the future digital workforce required through the design and implementation of a core digital skillset to be incorporated into the Trust's standard job descriptions.
- Retain and develop the best technology talent for GOSH through a digital apprentice programme, along a comprehensive training and development programme to ensure that our technology staff are well trained and developed

Processes systems & Infrastructure

modernising and updating the corporate and HR infrastructure – Including staff planning and deployment systems, business support processes, collaborative working tools, HR policies & processes

We will:

- Establish a policy framework which promotes and supports modern employee relations and puts people before processes.
- Upgrade our HR and staff deployment systems to ensure that we are supporting managers and staff effectively and embed robust analytics to identify areas for improvement.
- Review and upgrade recruitment processes, onboarding and induction
- Refocus both the work and structure of the HR function to reflect its new enhanced role and provide a foundation for future investment in capability building and career development.
- As part of the Better Value programme, review and improve core business processes to support effective and sustainable working.
- Replace and upgrade our office administration software to provide improved functionality, support collaborative working and communication tools.
- Implement a flexible and hybrid working programme to included principles and toolsets to support team decision making.
- Establish appropriate capability and structures to deliver and champion the transformation agenda and to oversee the successful design, implementation, integration and delivery of transformation programmes informed by our strategic objectives.
- Develop a transformation portfolio to provide support for and oversight of projects and programmes delivering change across the organisation, ensuring we have the capability and capacity to deliver and embed a culture of transformation.

3. Measuring Impact

- 3.1. Alongside the refreshed people strategy we have developed an impact tracker, with a set of metrics which will be used to track progress and impact of the strategy by providing an overview of the emotional and physical health of the organisation and its workforce – both at a hospital-wide and local, directorate level. Below are the metrics which will be included in the impact tracker:

	Metric	Source	Directorate Impact Trackers
Workforce Indicators	Turnover %	Workforce Metrics	Y
	Stability %	Workforce Metrics	Y
	Vacancy %	Workforce Metrics	Y
	Sickness %	Workforce Metrics	Y
	PDR / Appraisal %	Workforce Metrics	Y
	Statutory & Mandatory Training %	Workforce Metrics	Y
Culture & Engagement	Teamworking staff survey sub score	Annual Staff Survey	N
	Inclusion staff survey sub score	Annual Staff Survey	N
	Staff Engagement theme score	Annual Staff Survey	Y
	Morale theme score	Annual Staff Survey	Y
	Advocacy score (staff recommending GOSH as a place to work)	Annual & 1/4ly Staff Survey	Y
	Staff Survey response rate	Annual & 1/4ly Staff Survey	Y
	psychological Safety - Raising concerns staff survey sub score	Annual Staff Survey	Y
	Listening and Learning - FTSU contacts and satisfaction score	FTSU data	N
	Volume of recognition nominations - e.g. GEMs, Praise, awards	Recognition Data	Y
	Line management staff survey sub score	Annual Staff Survey	N
	Exit Survey - intention to return to GOSH	Exit Questionnaires	Y
Equality Diversity & Inclusion	% Staff from diverse backgrounds (BME and disability) - all staff	Workforce Demographics	N
	% Staff from diverse backgrounds (BME and disability) - senior leaders (8c+)	Workforce Demographics	N
	% Staff from diverse backgrounds (BME and disability) - trust board	Workforce Demographics	N
	Gender Pay Gap	Workforce Metrics	N
	Relative likelihood of staff being appointed from shortlisting across all posts	WRES and WDES	Y
	Instances of bullying and harassment from manager and/or team	Annual Staff Survey	Y
	Diversity & Equality staff survey sub-score	Annual Staff Survey	N
	Access to career progression, training and development opportunities	Annual Staff Survey	Y
Health & Wellbeing	% of staff having health & wellbeing conversations with manager	GOLD appraisal platform	Y
	% of staff agreeing their manager takes positive interest in wellbeing	Annual Staff Survey	Y
	Staff accessing Health & Wellbeing services (The Hive, Occ Health, EAP) - inc. satisfaction score	Service data	N

Attachment D

	Staff accessing Financial advice services (CAB, Hardship fund, payroll webinars) - inc. satisfaction score	Service data	N
	Uptake of flu and COVID vaccinations	Occ Health data	N
	Burnout staff survey sub score	Annual Staff Survey	N
	Anxiety, Stress & Depression absence rate	Absence data	Y
	% of staff agreeing GOSH takes positive action on health and wellbeing	Annual Staff Survey	Y
	Uptake of active and sustainable travel activities - and satisfaction score	Usage data	Y

Council of Governors

09 November 2023

Children's Cancer Centre Project Update

Summary & reason for item: This agenda item aims to update the Council of Governors on the progress of the Children's Cancer Centre (CCC) project. This report covers progress against the following workstreams within the programme:

- Strategic Programme and Route to Start on Site
- Town Planning
- Full Business Case
- IPA Gate Review
- Mitigating CCC Construction Impact on the Operational Hospital
- Cancer Transformation
- CCC Charity Fundraising

Governor action required: Governors are asked to note the contents of this report.

Report prepared and item presented by:

Gary Beacham, Children's Cancer Centre Delivery Director (CCC Programme Director).

Children's Cancer Centre Programme Update

Council of Governors – 9th November 2023

Contents

Executive Summary

- 1 Strategic Programme and Route to Start on Site**
- 2 Town Planning**
- 3 Full Business Case**
- 4 IPA Gate Review**
- 5 Mitigating CCC Construction Impact on the Operational Hospital**
- 6 Cancer Transformation**
- 7 CCC Charity Fundraising**

Executive Summary

Work on the **procurement** route to commencement of construction activity on site has progressed at a pace in the period. A proposed Advanced Works package, enacted through a Letter of Intent (LoI) has been approved by the Hospital Trust and has support from the Charity through the CCC governance process. The Advanced Works includes activities to separate the Frontage and Paul O’Gorman Buildings from the existing estate infrastructure, ready for Sisk to take full handover in 2024 once the remaining last operational occupants have been decanted into their new locations in other buildings. The CCC team is working with Sisk to agree on the final programme of works, cost and importantly the operational organisation's ability to support these works and mitigate effects on clinical and operational services.

Cost and Change Management continue to be tightly controlled and therefore, are not adversely impacting the overall project budget. There has been no Client-instructed expenditure in the reporting period. The contract and cost negotiations are continuing between the Trust team, with significant support from their independent Cost Advisors Currie & Brown and legal advisors Michelmores, and the construction partner John Sisk & Sons.

On 29 September 2023 the Department of Health and Social Care (DHSC) and NHS England’s (NHSE) **Joint Investment Committee (JIC) approved the CCC Full Business Case** subject to the Trust providing updates as the contract negotiations and construction programme develop. None of the approval conditions are considered unachievable. This is a very significant milestone for the Programme and removes a significant hurdle to the progress into construction.

An **Infrastructure and Projects Authority (IPA) Gate 3 Review** was undertaken in mid-September. This review assesses the project’s management, governance, and delivery confidence to confirm its readiness to progress into contract and construction. The review has the option to grade the Programme as Red, Amber, or Green. **The IPA review team rated the CCC Programme as ‘Green’** which denotes a high level of confidence in successful project delivery.

The **Town Planning** work continues to progress well with the decision notice on the Section 73 planning amendment expected in November 2023, as programmed. The public and London Borough of Camden response to the submitted amendment has been extremely positive. An updated Demolition and Construction Management Plan (DCMP) has been developed by Sisk to align with the advanced works.

A **Construction Operational Interface Group (COIG)** has been established and is jointly chaired by the Deputy Chief Operating Officer and the CCC Deputy Director. The group’s purpose is to review information on upcoming construction activities, assess the risk to the operational Trust associated with those activities and agree on mitigation measures.

The **Cancer Transformation Programme** is making strong progress following a Charity grant with recruitment of some key roles helping deliver this work which will be managed by the CCP Programme Board, and a Cancer Transformation Group will be working to manage the key workstreams, highlighting new developments/ideas being worked up and escalating issues/risks.

The **Charity’s fundraising** campaign for the Children’s Cancer Centre, ‘Build it. Beat it’ continues to make strong progress in line with its forecasts and has officially passed the halfway point. A TV advert has been developed for the appeal. This can be viewed here:

['Build It, Beat It' TV Advert](#)

--- The full CCC report begins on the next page ---

1. Strategic Programme and Route to Start on Site

Work has been undertaken to develop the CCC project’s main construction works procurement options, detailing the likely programme & cost implications and exploring each option's benefits and challenges. Two workshop sessions have been held between senior Trust and Charity representatives to explore these procurement options and to consider the risks, benefits, and governance processes of each option. The active Pre-Construction Services Agreement between the Trust and Sisk does not permit physical construction ‘works’ and we cannot instruct works as a variation to this contract as it is not an appropriate legal tool.

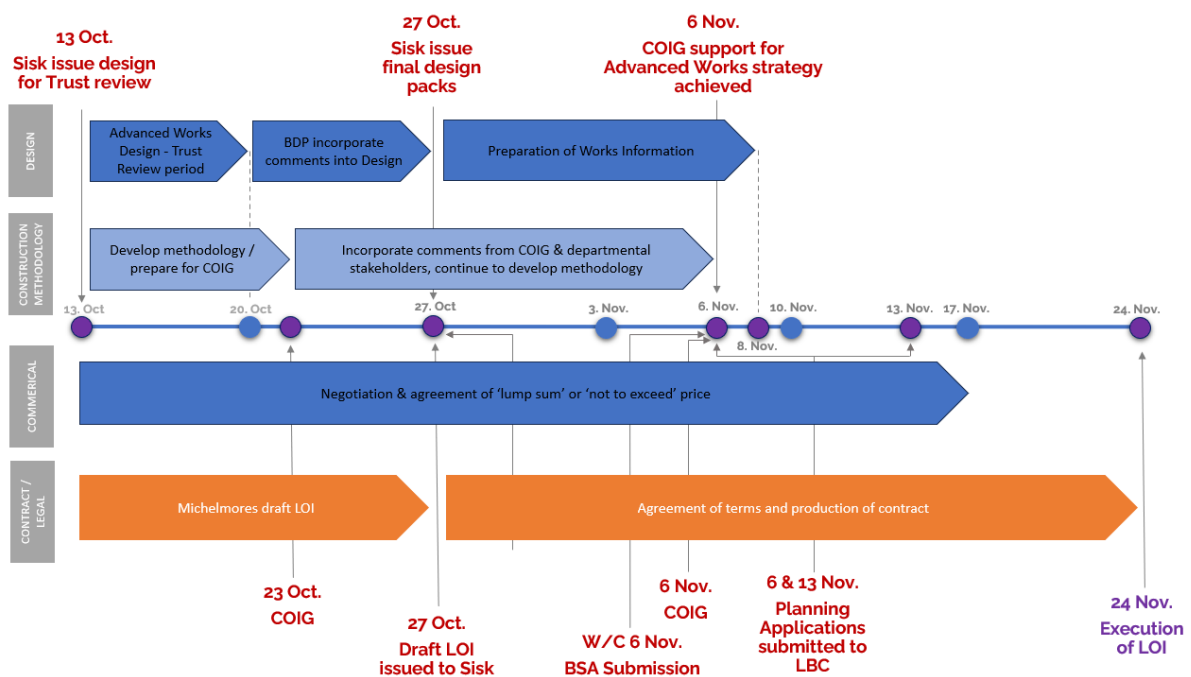
The purpose of pursuing alternative programme options is to maximise the dual organisations time to review the total project costs and the contractual agreements required to commence the main deconstruction and construction works. It will also reduce any period of downtime between design completion and New Engineering Contract (NEC) commencement. It maximises the time available to the Trust to deliver the complex and lengthy decant programmes currently active. This Advanced Works approach will reduce the overall programme to completion of the building and ultimately enables the earliest possible operational handover and use.

Activity is being managed within the following concurrent and inter-related workstreams:

- **Design and construction** – Refinement of Advance Works scope, development of design and construction methodology, inclusive of associated review and feedback process
- **Programme** – Development of programme for implementation of proposed Advance Works
- **Cost** – Development of cost and assessment of commercial benefit
- **Legal** – Drafting of ‘Letter of Intent,’ commercial dialogue and activity associated with the discharge of applicable statutory obligations.

The CCC team are working towards completing this agreement process with Sisk in late November 2023 to commence the prescribed Advance Works in calendar Q1 2024, ahead of the execution of the main NEC building contract.

Fig.1 Advance Works agreement process. (NB: dates subject to minor change as live process)



The advance works programme remains ‘in production’ and sets out a sequence of procurement, mobilisation and construction activities triggered by the execution of a Letter of Intent in November 2023, followed by a 6+ month programme (variable depending upon assumed timing of completion of PCSA) of site activity commencing on 22 January 2024. Work is being undertaken to explore how the decant and enabling programme and Trust office decants

dovetail with this programme of works and with this option allowing the Trust to occupy the Frontage and Paul O’Gorman buildings for longer than would be possible under the previously planned contractual route.

There are several activities which are required ahead of the advanced works to maintain the programme benefit of this proposal. These activities include design development of advanced works packages, coordination between the advanced works and the decant and enabling activities, procurement of design and statutory compliance works and development by our legal team of the Letter of Intent and supporting technical and commercial documents.

Sisk have submitted a proposed estimated ‘advance works’ cost assessment which is being reviewed by the Trust.

The programme and cost implications of the advanced works contract have been assessed against the current baseline programme assumptions and compares favorably. The programme completion date for the advanced works contract is Q3 2024 with the baseline programme completing in Q4 2027.

2. Town Planning

Town planning is progressing well. The focus now is on the progression of the section 73 planning amendment: west core alterations and the continued development and engagement regarding the Demolition and Construction Management Plan (DCMP). There has been regular and positive engagement with the London Borough of Camden who are responding very positively to the change. There have been two recent public engagement events which attracted limited attendees but a very positive response from those in attendance. It is assessed that the s73 amendment either has little-to-no bearing on people’s perception of the CCC scheme or that they see the amendment as an improvement to the main application. Several objections have been registered on the portal, but these are mainly out of scope, as they relate to construction impacts and matters relating to the main application, not the S73.

The s73 amendment was submitted to London Borough of Camden on Friday 28 July 2023 and registered on 7 August by LBC. The planning decision notice was expected in October 2023 but has been delayed due to the London Borough of Camden Case Officer being unwell. This is now expected in early November, with a Judicial Review period of 12 weeks to follow this. This review period is deemed very low risk and extremely low consequence due to the positive nature of the amendment and the robust nature in which it has been sought

3. Full Business Case

In period the Trust has received approval of the Full Business Case from the Department of Health and Social Care and NHS England at a Joint Investment Committee meeting held on the 29 September 2023. The approval has some conditions requiring minor amendments, and confirmation of a final Lump Sum Works Cost Limit value and programme timing. The Trust is engaging with NHS England to agree the final details pending the approval letter being issued.

The approval conditions have been received and are being reviewed by the Project Team ahead of reengaging with Department of Health and Social Care and NHS England to agree a final list of conditions. The initial review suggests there are no conditions that are considered to be of significant risk to the programme with the majority requesting information is updated following the completion of RIBA 4. External communications on this were published on the 25 October 2023.

4. IPA Gate Review

A government IPA (Infrastructure Projects Authority) Gate Review was undertaken in mid-September 2023, this review assesses the projects management, governance, and delivery confidence of the scheme. The review team issue a RAG rating for the project in their report to the project SRO. The review gave the project a green RAG rating which denotes ‘Successful delivery of CCC seems highly likely’ and that there are ‘No major issues threatening delivery’. Fig. 1 denotes the RAG rating descriptions.

Fig 1. IPA RAG Descriptions

Colour	Criteria Description
Green	<p>Successful delivery of the programme/project to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery.</p> <p>Recommendation: The programme/project is ready to proceed to the next stage.</p>
Amber	<p>Successful delivery of the programme/project to time, cost and quality appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly, should not present a cost/schedule overrun.</p> <p>Recommendation: This programme/project can proceed to the next stage with conditions but the programme/project must report back to the IPA and HMT on the satisfaction of each time bound condition within an agreed timeframe.</p>
Red	<p>Successful delivery of the programme/project to time, cost and quality appears to be unachievable. There are major issues which, at this stage, do not appear to be manageable or resolvable. The programme/project may need re-baselining and/or its overall viability re-assessed.</p> <p>Recommendation: This programme/project should not proceed to the next phase until these major issues are managed to an acceptable level of risk and the viability of the project/programme has been re-confirmed.</p>

The report recommends a number of actions that are being progressed which relate to governance, communications and engagement and risk management which are being managed through the CC Planet Programme Board.

The Review Team noted:

‘[We] were impressed with the dynamism, commitment, and assurance we encountered within the review process. There was evidence of a mature, open, collaborative culture which demonstrates best practice on many levels.

The current team, including some recent appointments, have brought dynamism as well as drive and expertise to deliver the CCC; a long held ambition, which looks close to becoming a reality at last.’

5. Mitigating CCC Construction Impact on the Operational Hospital

CCC construction will take place on the frontage of the main hospital site and in close proximity to buildings that remain operational for clinical and administrative use throughout the construction programme. Construction of this nature has the potential to disrupt the clinical and operational business of the hospital, impact upon patient and family experience and erode staff wellbeing.

In order to mitigate the risks of construction, a robust management strategy is being developed which ensures that all construction activities are carefully managed within agreed tolerances, and all relevant stakeholders receive timely and appropriate communications to inform any adjustments to clinical or operational services.

A Construction Operational Interface Group has been established and is jointly chaired by the Deputy Chief Operating Officer and the CCC Deputy Director. The group’s purpose is to receive and review information on upcoming construction activities, assess the risk associated with those activities and agree on mitigation measures. The Construction Operational Interface Group reports in parallel to the Trust’s Operations Board and the CC Planet Programme Board monthly. There is representation at Construction Operational Interface Group from all clinical divisions, as well as support and core functions such as Space & Place.

A presentation: Minimising the Impact of Construction (**Appendix A – see separate pack**) which outlines the measures being taken to minimise the risk of CCC construction on the operational hospital was presented to the Trust’s

Operational Board and CC Planet Programme Board in September and will continue to be jointly developed with the Trust's operational leaders.

6. Cancer Transformation

On the back of the Charity awarding a £1million grant, the Cancer Transformation Programme is gathering momentum. The Cancer Transformation Team is taking shape, with a number of project management and leadership roles being appointed to key workstreams. Approximately 50% of the grant has been allocated to posts to support the programme up to April 2025.

The presentation, attached as **Appendix B – see separate pack**, gives an overview of the programme, who is now in post, a breakdown of what the team are currently doing (in response to the challenges/ideas raised by the cancer clinical and operational teams) and future ideas.

We are in the process of formalising the governance arrangements of this programme, by establishing a new Cancer Transformation Group. This Group will be made up of key cancer clinical and operational leads. It will report up to the Cancer Programme Board on 2 monthly basis, updating progress against each of the key workstreams, highlighting new developments/ideas being worked up and escalating issues/risks (using a standard format). We aim to have this set up by the end of the year.

7. CCC Charity Fundraising

The charity's fundraising campaign for the Children's Cancer Centre – the Build it. Beat it. appeal – launched to the public in April 2023 alongside the London Marathon Charity of the Year partnership.

The appeal total has passed the half-way point with income or pledged, including verbal pledges where gift agreements are not yet in place. This is the biggest appeal in Charity history so is a huge landmark to pass. It is recognised that the second half of the appeal will be challenging, particularly given the context in which they are fundraising.

The 'Build it. Beat it.' appeal is underway across September/October. The appeal aims to engage the public and is timed to align with Childhood Cancer Awareness Month. A TV advert has been developed for the appeal. To view this please go to:

['Build It, Beat It' TV Advert](#)

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Council of Governors

9 November 2023

Chief Executive Report

Summary & reason for item

The Chief Executive report gives the Council an overview of recent developments since the last report in July 2023. Governors should take the opportunity to seek assurance or pursue any areas of interest as part of their duty to hold the Non-Executive Directors to account.

The report includes:

- Goodbye to Sir Mike Rake and Welcome to Ellen Schroder
- Major step forward for Children's Cancer Centre secured
- Top ten Green Hospitals in the world
- Congratulations to our Staff Awards 2023 winners
- Launch of our staff support hub 'The Hive'
- October 2023 Trust Board Highlights
- Integrated Quality and Performance Report (Month 5 2023/24) August 2023 data
- Finance Report (Month 5 2023/24) August 2023 data
- Wider GOSH news

Appendices – in separate pack

- Integrated Quality and Performance Report (Month 5 2023/24) August 2023 data
- Finance Report (Month 5 2023/24) August 2023 data

Governor action required

Governors should seek assurance or pursue any areas of interest.

Report prepared by: Paul Balson, Head of Corporate Governance

Report presented by: Matthew Shaw, Chief Executive

1 Goodbye to Sir Mike Rake and Welcome to Ellen Schroder



Farewell to Sir Mike Rake, GOSH Chair

On 18 October 2023 we organised a farewell event to honour our outgoing chair – Sir Mike Rake.

The event provided us with an opportunity to look back at the achievements in the hospital during his tenure, express our gratitude for his dedicated service, commitment, and leadership.



The event brought together directors, non-executive directors (both current and former), governors, and staff. There were presentations from Amanda Ellingworth, Lead Governor Beverly Bittner-Grassby and Mat Shaw, Chief Executive.

Furthermore, it is my privilege to welcome Ellen Schroder to her first council meeting as Trust Chair. We look forward to embarking upon this new chapter, drawing upon their expertise to navigate the challenges that lie ahead.

2 Major step forward for Children’s Cancer Centre secured

I am thrilled to report that the Children’s Cancer Centre (CCC) has been endorsed by the Department of Health and Social Care and NHS England, with the approval of the Full Business Case for the development. This significant milestone comes after receiving full planning permission from Camden Council in April this year.

3 Top ten Green Hospitals in the world

On 11 October 2023, Healthcare Digital – an online website covering healthcare, hospitals, medical devices, pharmaceuticals, digital healthcare, telehealth and others published their list of the top ten Sustainable Hospitals in the World. They placed GOSH at #7, stating:

GOSH is a part of the Sustainable Medicines Partnership and is committed to sustainable business practices, as one of the few UK Hospitals to declare a Climate Emergency.

4 Congratulations to our Staff Awards 2023 winners

We had a fantastic night celebrating our Staff Awards 2023 winners on Monday 18 September.

Around 40 teams and 140 individuals were nominated for an award this year and overall, we received 247 nominations.

These awards recognise and celebrate colleagues who have gone above and beyond over the past year. Whether it was protecting the world we share for future generations, taking steps to make our Trust more inclusive, or showing extraordinary commitment to the children and young people we treat, it was great to acknowledge our staff’s phenomenal work and say a huge thank you.

5 Launch of our staff support hub ‘The Hive’



The Trust launched ‘The HIVE’ a physical space for a number of services to meet with staff in private to offer support and signposting to other services. It is hoped the Hive will improve staff health and wellbeing through the provision of several services in one location. Services include:

Signposting to support on financial wellbeing, mental health support, wellbeing coaching and carefirst	Advice for staff to access apprenticeships	Professional Nurse Advocates
Access to a HR Service desk, supporting staff with general HR queries	A space for UNISON and the RCN in order to meet with their members	The four staff networks use us the HIVE's confidential space on a rotational basis.

6 Integrated Quality and Performance Report (Month 5 2023/24) August 2023 data

The Integrated Quality and Performance Report provides a snapshot of hospital performance in key areas/ domains to provide assurance that the Trust’s services are delivering to the level our patients & families, Trust Board, Council of Governors, commissioners, and regulators expect.

Patient Safety	Incident numbers were higher than typical in August but still within expected upper and lower limits. There were three new serious incidents declared in August. All three are expected to be completed by November. 93% of risks were reviewed on time in line with the Risk Management policy.
Effectiveness	The Trust’s Better Value target for 2023/24 is £32.5m, of which £16.5m is an additional contribution from International and Private Care. A detailed programme to deliver the remaining £16m is in development, although has been delayed because of the immediate need to address the operational challenges related to recent industrial action.
Patient Experience	The Inpatient FFT met the Trust target for response rate and experience rating for August, however, the response rate dropped by 6%, although this is not unusual in the summer months Both the inpatient and outpatient experience scores remained above target, with inpatients reducing by 1% and outpatient s increasing by 1%. Nine new formal complaints were received in August 2023, which is consistent with the average number of complaints per month. Numerous complaints were raised regarding short notice cancellations for surgery, appointments and admissions and the impact this has on families both emotionally, practically and financially.

Well-Led	<p>August 2023 vacancy rates for the Trust increased to 10.5% from 9.9% the previous month.</p> <p>Agency usage for July dropped to 1.2%, which is 0.1% less from the previous month but remains within the 2% trust target.</p>
Patient Access	<p>For M5 of 23/24 all activity was 4.1% down compared to plan but 0.6% up on 2022/23 activity levels.</p> <p>Electives continue to be less than plan at 12.7 % and daycases 1.8% below plan. Undoubtedly, this was due to the impact of the Junior Doctors and Consultant strikes.</p> <p>Strikes and bed closures has impacted the delivery of activity, Referral to Treatment (RTT) and Diagnostic Monitoring Waiting Time (DM01) improvements.</p> <p>There was continued focus on optimising bed capacity, theatres and reducing long waits.</p>

7 Finance Report (Month 5 2023/24) August 2023 data

Key points to note within the financial position are as follows:

The trust has had strikes across multiple staff groups in April-August 2023 resulting in 24 days of strike action. This has seen an impact in lost Income (£2.3m) and additional Pay costs (£0.8m).

NHS & other clinical income was £1.8m adverse to plan due to increased pass-through drugs and additional pay award funding partly offset with underperformance in Research Income (£1.4m).

International and Private patients' care (I&PC) income was £3.7m behind plan due to decreased levels of activity mainly associated with the strikes across the Trust. International private patient continues to work on the future pipeline along with recovery of patient numbers.

Pay costs were £3.4m adverse due to the pay award (£4.8m) partially offset with income and increase in Bank and Agency costs due to strike actions. This is offset with high levels of vacancies and non-recurrent benefits.

Non pay costs and Finance Costs are £4.6m adverse to plan, due to increased pass-through costs and offset by accelerated depreciation linked to CCC starting in month 2 instead of month 1.

The Trust cash balance at 31 August was £79.7m and £72.9m at month 4 which was an increase of £6.8m from prior month.

Total I&PC debt decreased in month to £29.3m (£34.1m in M4). Overdue debt decreased in month to £25.7m (£30.3m in M4)

8 October 2023 Trust Board Highlights

Patient Story

- The story highlighted the importance of developments in genetic testing, the great benefit to patient, families and to the health professionals managing complex and rare conditions.
- It also highlighted potential improvements to the GOSH Electronic Patient Record in recognising, linking and flagging symptoms across multiple specialities, to provide more holistic care.

Chief Executive report

- The Staff Survey has opened and management are encouraging as many staff as possible to provide feedback.
- GOSH's first Nursing Strategy launch - Safe in our Hands to achieve Joy at Work.
- Play Street, took place on 22 September 2023 which coincided with World Car Free Day. The event is a way of connecting our patients and the local community in a celebration of childhood.

Directorate Focus -Brain

- A deep dive into the Directorate covering governance structures, staffing, clinical specialities, successes, challenges and priorities.

Emergency Preparedness Resilience and Response Annual Report 2023/24

- Received a summary of the organisation's emergency preparedness over the past year, how the Trust maintains its readiness to prepare, respond and recover from both emergencies and disruptive challenges.

Summary reports from key Committees

- The Council of Governors, Audit Committee, Quality, Safety and Experience Assurance Committee, Finance and Investment Committee and People and Education Assurance.

Other reports

- GOSH Learning Academy Annual Report 2022/23
- Research Strategy (Planet) Progress Report
- Nursing Workforce Assurance Report Q1 2023/24
- Learning from Deaths report- Child Death Review Meetings – Q1 2023/24
- Health Inequality Update
- Updated Fit and Proper Person Policy

Public Board papers, including those from the October 2023 meeting can be found here:

<https://www.gosh.nhs.uk/about-us/who-we-are/organisational-structure/trust-board/trust-board-meetings/> and on GovHub - for Trust Governors only.

If you would like to observe the Trust Board or have any queries please contact Victoria Goddard, Trust Board Administrator Victoria.Goddard@gosh.nhs.uk.

9 Wider GOSH news

All GOSH news stories can be found here: <https://www.gosh.nhs.uk/news/>. Governors may wish to read the following articles on the website:



Families celebrate GOSH's Conjoined Twins Day

- Six sets of twins came together to be seen by their different teams on Great Ormond Street Hospital's Conjoined Twins' Day.
- The Specialist Neonatal and Paediatric Surgery (SNAPS) team arranged the day so that the twins and their families had chance to meet each other, and in some cases be reunited.
- Some of the more complex surgeries can take over 15 hours and need to be done in two separate theatre rooms at GOSH. Clinicians from specialities including orthopaedics, haematology, urology, general surgery, plastics, anaesthetics, and intensive care are involved.

GOSH patient first in the UK to receive improved kidney transplant

- Eight-year-old Aditi is the first child in the UK and on the NHS to be taken off immunosuppressants just one-month after kidney transplant at Great Ormond Street Hospital (GOSH).
- This is only possible because Aditi had an immune condition for which she received her mother's bone marrow six months before receiving a kidney transplant for severe irreversible kidney failure. This reprogrammed her immune system to be the same as her donor kidney, so her organ would not attack Aditi's body.
- Multiple teams at Great Ormond Street and UCL GOS ICH worked together for many, many months to make this possible., including the Bone Marrow Transplant, Paediatric Intensive Care, Immunology, Nephrology, Surgical, Anaesthesia and Renal Transplantation teams.



Council of Governors

09 November 2023

Young People's Forum Update

Summary & reason for item: To provide an update of the activities of the Young People's Forum since the last Members' Council Meeting.

The Young People's Forum (YPF) is a group of current patients and siblings aged 10-21 who have a strong voice in helping to improve the experiences of GOSH patients. They use their own experiences to guide and support the hospital. There are six meetings a year with ad-hoc involvement opportunities between meetings

Governor action required: The Council is asked to note the update.

Three key messages to take away from this report are:

- 1) YPF advised on how best to communicate changes to the main entrance.
- 2) YPF reviewed the ward-naming policy.
- 3) YPF discussions about wristband identification have suggested that there could be improvements to be made.

Report prepared by: Amy Sutton, Children and Young People's Participation Officer.

Item presented by: Rose Dolan and/or Kamya Mandhar, Young People's Forum Governors.



YPF activity – June 2023 to September 2023

The Young People's Forum (YPF) is a group of current patients and siblings aged 10-21 who have a strong voice in helping to improve the experiences of GOSH patients. They use their own experiences to guide and support the hospital. There are six meetings a year with ad-hoc involvement opportunities between meetings.

The current total of membership: 64

Examples of YPF member activities since the last report are:

- YPF member Ava was invited to speak at the Serious Hazards of Transfusion webinar about if wristbands are the best way to identify patients.
- YPF governor Rose presented at the Annual General meeting, whilst YPF vice-chair Sameera hosted a Q&A with John Beswick, Chief Finance Officer.
- YPF members Samih and Ryan sat on the interview panel for a new music therapist.

During June 2023 to the end of September 2023, 19 involvement opportunities were shared with the YPF. Examples include: invitation to an NHS youth empowerment event, taking part in presentation for patient safety awards and to be a young advisor in the development of the NHSE cancer patient experience survey.

YPF Meetings

YPF meetings took place on 15 July and 3 September.

At the meeting on 15 July:

- The YPF worked with the Children's Cancer Centre (CCC) team on wayfinding, ward-naming policy and how best to communicate with different groups of patients and families about changes to the main entrance and construction works.
- Head Chef, Stephen asked YPF to sample and feedback on potential menu changes.
- YPF members took part in filming for the Annual General Meeting.
- YPF member Ava led a discussion about whether wristbands are the best way to identify patients or if there are better methods.



Fig 1: A YPF member experiencing the BIM Cave with the CCC team.

At the meeting on 3 September:

- Sustainability team consulted with YPF on the new green plan.
- YPF members took part in filming for the Nursing Strategy launch.
- GOSH arts facilitated a poetry workshop which will feed into the art work for the new main entrance.
- YPF chair Scarlet hosted a Q&A with Sanjiv Sharma, Chief Medical Officer.



Fig 2: Sanjiv with the YPF in September.

Additional YPF news

YPF elections took place in September. Scarlet was re-elected as YPF chair, and at 14, Ryan becomes the youngest ever YPF vice-chair.

Summary of the Quality, Safety and Experience Assurance Committee held on 28th September 2023

Quality and Safety at GOSH – Chief Medical Officer Report

Focus was being placed on managing long waiting patients in the context of industrial action and on developing guidance for patients and their families on the right to a second opinion following calls for the introduction of Martha's Rule. The Committee discussed the implementation of Learning from Patient Safety Events (LfPSE) and noted that the aim was to promote transparency through the health system however it was likely that ongoing modifications would be required for the tool and there was no differentiation between adult and paediatric settings. The committee welcomed the substantial progress that had been made with Duty of Candour and noted that the metric was likely to be removed from the Integrated Quality and Performance Report as a result of the progress made.

Quality and Patient Experience: Chief Nurse Report

A restructure of the senior nursing team was taking place which would strengthen a number of functions including safeguarding, patient experience, learning disability and nursing workforce. It was confirmed that there would not be a detrimental impact on any area. Infection Prevention and Control was focusing on the International and Private Care cohort of patients and new processes had been implemented for enhanced surveillance, testing and cleans associated with patients from countries at high risk of Carbapenemase Producing Entrobacteriae (CPE). Cases were decreasing as a result and a full report of the effectiveness of the measures would be available at the end of the year once they had been in place for six months. The team was working well with estates and facilities and there was considerably more assurance around water and ventilation. Discussion took place around ward accreditation, and it was noted that whilst the metrics were in place to enable a ward to be assessed, the data was not yet complete and the Trust was not yet in a position to begin accrediting wards.

The number of complaints received in 2023/24 was broadly in line with that of the previous year and there had not been an increase in feedback, either through complaints or PALS, related to strike action which was indicative of good communication in this area. Discussion was taking place with the GOSH Charity about resourcing for work around health inequalities.

Note: A copy of the Annual Patient Experience Report 22/23 is attached for information. This was submitted to the QSEAC in June 2023.

Medicines Safety & Governance Report

Since the inception of the drugs and therapeutics committee the increase in activity and complexity in the use of medicines and therapies had led to 50% of the meetings being adhoc or emergency meetings without a full committee membership. A working group was being established to scope governance requirements and align processes. The team was working through the actions from the 2019 CQC inspection and this was being monitored by the Medicines Safety Committee. The QSEAC welcomed the progress that was being made and noted that following a meeting with the Inspection Action Group (IAG) it was likely that the Trust would be able to move away from IAG oversight by Spring 2024 which was positive.

2023 Gastroenterology Review

The review team had shared verbally that they had found no outstanding concerns from the previous reviews of the service and that patient safety was at the heart of decision making. They had particularly commended team

Attachment H

working, good morale and strong nursing and service management teams noting the important role that GOSH played in the patient pathway.

The Committee discussed the areas that had been identified requiring further improvement and it was noted that the review team had been asked to challenge the service to move to outstanding and the terms were not used in the way that they would be by the CQC. Congratulations would be passed to the team prior to the publication of the review more widely.

Update on quality related Freedom to Speak Up cases

There had been 18 contacts to the Freedom to Speak Up throughout the period, six of which had been patient safety related. Questions were being raised in fora such as the Big Brief about safety around speaking up and discussion would take place at the People and Education Assurance Committee in October around detriment for those who had chosen to speak up.

Health and Safety Update

There had been a reduction in sharps incidents by approximately 20% in 2022/23 when compared to 2021/22 as a result of the work to procure more safer sharps devices. RIDDORS had remained low with two in the reporting period and a new Fire Officer was now in post.

Oversight of quality and patient safety at GOSH

Considerable focus in 2023/24 was being placed on the implementation of the Patient Safety Incident Response Framework (PSIRF) and Learning from Patient Safety Events (LfPSE) and the team had challenged itself to ensure this was being done in a timely way with robust plans. It was agreed that an update on the Patient Safety Transformation Programme would be provided at the November QSEAC meeting.

PEWS and the Deteriorating Child Project Update

The project had developed three work streams plus an additional workstream to identify learning from patient stories. Over the lifetime of the project these areas had shown good improvement and there had been good stakeholder engagement including in areas such as skin tone which was important for patient safety and equality, diversity, and inclusion. The project had been shortlisted for a Health Service Journal Patient Safety Award.

Update from the Risk Assurance and Compliance Group on the Board Assurance Framework including draft trust Risk Appetite Statement

The Committee discussed the risk scores for BAF risk 18 on health inequalities and asked that the element of the risk around looked after children was strengthened noting that the proportion of GOSH patients who are looked after was considerably higher than the general population.

The Committee agreed to reduce the net risk score of BAF risk 11: medicines management from 4x5 to 3x5 to reflect the good progress that was being made in this area.

Discussion took place around whether a separate BAF risk was required for a new service which was being developed at GOSH and it was agreed that this would be paused until the pilot of the service had begun at which point further consideration would be given to whether a separate BAF risk was required.

Update on quality impact of Better Value Schemes

There had been slippage in the development of the Better Value programme and a fully developed programme with signed off schemes was not yet in place. There had been an acceleration of progress over the summer resulting in an increased number of schemes in the programme which were going through the EQIA process. The Executive Team had agreed that a balance was required around the focus that was placed on achieving the Better Value target in the context of competing priorities including ongoing strike action. The Committee noted that that

Attachment H

the proportion of the target that had been identified at this point in the year was broadly in line with that of other Trusts.

BAF Deep dive - BAF Risk 13: Mental Health Strategy

A workshop had taken place over summer 2023 to begin the development of the mental health strategy however there had been slippage in completing the strategy. It was important to ensure that mental health provision across the Trust was considered in the round and the availability of hospital wide mental health support equal. The Trust had applied to the CQC for the ability to section patients due to a change in the cohort of patients requiring GOSH's support. In the interim, court applications were required on a case-by-case basis. Considerable training would be required for duty managers, Executives on call and other staff once GOSH had the ability to section patients as this would also be required for patients outside the Mildred Creak Unit.

There was an opportunity for service development and a pilot had been developed in which a mental health liaison team had been established using existing resource and the impact of this would be measured. The Committee discussed the Perplexing Presentation Service, and it was noted that there were a number of benefits to the patient and also to the Trust of not over investigating symptoms however it was important that teams were able to work alongside families in these circumstances.

Governor feedback

Discussion took place about the increase in incidents in one directorate and it was agreed that further information would be requested about whether any themes had been identified.

Key Points from the People and Education Assurance Committee (PEAC) held on 29 September 2023

Workforce Metrics

- In August 2023 targets were achieved for three of the six key workforce metrics (voluntary turnover, agency spend and statutory and mandatory training). Vacancy, sickness and PDR rates were within 10% of target.
- The voluntary turnover rate has continued to reduce in recent months and was 13.7% for August 2023. This is not reflective of all areas of the Trust. During the year to August 2023, 657 staff have resigned. The most commonly reported reasons were relocation and promotion, but for around 20% of resignations records were incomplete and reasons recorded as unknown.
- The vacancy rate has increased to 10.5%, exceeding the trust target of 10% for the first time in several years. A reduction is expected over the next quarter following onboarding of 97 newly registered nurses in October.
- Sickness absence remains stable at 3.1% which is above the local Trust target of 3%, but below the NHS average of 4.8%.
- The August rate for PDR of 84% is an improvement on the 12-month average of 81% (target 90%). Analysis indicates a possible correlation between staff who leave and staff who have not had an appraisal, though it was suggested that the numbers may simply reflect that managers do not do appraisals for departing staff. Improvements to the appraisal process are required to make it more meaningful.

Nursing Workforce Assurance Report

- The registered nurse vacancy rate increased in June 2023 to 11.12% which is above the Trust target of 10% and higher than last year and the pre-pandemic level. The contributory factors include an increase to 2023/24 budgeted establishments, seasonal trend across the Summer months, the cost of living crisis, staff burnout and work life balance.
- Voluntary turnover of registered nurses remained stable at 16.41% in July 2023 but remains above the Trust target of 14%. Retaining nursing staff continues to be a challenge. There is a high turnover of newly qualified nurses with some dropping out during training. There are a number of retention initiatives in place, such as the STAY plan, retention insight meetings, masterclasses and drop in clinics all of which are regularly promoted by a range of methods.

Biannual Safe Staffing Establishment Review

- In line with National Quality Board recommendations, a strategic biannual staffing review has been conducted and the Trust's compliance status is rated green for all requirements.
- The review found that the majority of ward establishments are safe based on the current funded bed base. Some areas need to be flexible with their staffing numbers and bed base when there is a peak in activity or when there is a larger proportion of high acuity patients.

- Skill mix continues to be a concern due to a high reliance on newly qualified nurses and with recent cohorts impacted by disruption to their studies and placements over the past three years. The focus for the coming year is on increasing recruitment of experienced nurses, improving the retention of specialist nurses and improving the support and senior oversight of the junior nurses through a number of initiatives. Senior and experienced nurses have a leadership role in supporting junior nurses.

GOSH Learning Academy Annual Report 2022/23

- The GLA remains on track with its 5-year plan. The key impacts of the GLA over the last year include:
 - delivery of 20,000 different learning interactions;
 - 71% of apprentices on programmes with existing staff who are developing their careers;
 - 3,500 staff engaged with patient safety education;
 - a new Post Graduate Masters course in Paediatric Advanced Practice;
 - a communication education programme (Me First) codesigned with young people and
 - participation in the creation of national standards of practice for the transition from paediatric to adult services.
- The GLA's three principle risks are space and facilities, financial sustainability and the establishment of brand through marketing and communications.
- Space constraints are being considered alongside the demand for clinical space in the context of the Children's Cancer Centre decant programme. A workshop is being held to look at the GLA modelling going forward, including doing more external education. Leasing space may be an option.
- Very thorough answers were provided to questions asked as part of a deep dive of the BAF Risk relating to the GLA, including that:
 - The pandemic, economic situation' lack of space and staff fatigue have all changed the education landscape. Staff now have less time to dedicate to study so alternative methods - eg bitesize online courses - have been introduced.
 - Education is accessible to all groups – more work is needed on looking at levels of take up per group;
 - Positive feedback is received but a consistent feedback approach is being worked on;
 - Courses are evaluated externally through national accreditation, surveys and annual assessments.
 - Strikes have had an impact on education and a conference had to be moved three times leading to financial loss;
 - The new Education, Governance and Quality Steering Group will focus on ensuring a golden thread runs through all learning.
 - Other Trusts and organisations are catching up and in some cases overtaking the GLA in their education offerings. The GLA benefits from its branding, reputation and opportunities for international commercial income.
 - The GLA needs to respond and actively promote the service as a key priority at GOSH or the financial sustainability risk (currently 6) will increase. A workshop is scheduled to consider the strategic aim for the next 5 years.

Refreshed People Strategy

- The refreshed People Strategy includes a broader set of impact trackers that are benchmarked to the NHS community.
- A more frequent “temperature check” is planned to understand how staff are feeling at that moment in time. This will supplement the annual staff survey and quarterly staff pulse survey feedback. The annual staff survey is about to be released and the Trust will be pushing hard for a good response rate.

Your Voice Counts – People Pulse Survey Q2

- A quarterly staff survey was carried out in July 2023 and noted that, whilst the response rate was low, the Trust scored higher than the Acute Specialist average across all sub themes and better than the NHS average across two of the three sub themes.

Health and Wellbeing Annual Report

- Key achievements over the last 12 months include:
 - providing free and subsidised food in the staff canteen;
 - a hardship fund which supported 144 members of staff and paid out a total of £44,000;
 - the development of a wellbeing toolkit for managers and wellbeing champions;
 - the services of a dedicated Citizen Advice Bureau that supported 177 individual cases;
 - support offered to 287 staff through the Wellbeing Hub;
 - 484 annual contracts and 189 new cases through the Employee Assistant Programme;
 - relaunching the GEM awards;
 - holding the first post Covid staff awards;
 - Approving the Menopause policy and running menopause cafes.
- In the coming year, the team want to build a strong wellbeing community with the support of staff and line managers and those who can influence and embed health and wellbeing in practice. More use could be made of the Care First service. Particular focus will be given to the launch of “The Hive” which is a single point of access and information for staff.

Staff Voice: Psychology Service

- Helen Griffiths joined the Trust a year ago and is Head of Psychological and Mental Health Services.
- When Helen first started, the psychological support service for staff, which had been provided during the COVID period, had just come to an end, with a variation to be offered instead by CareFirst through the employee assistance programme. The switch was controversial with staff. However providing quasi psychological support to staff brought with it governance issues and was not intended to be a permanent solution, but rather a means of support during the pandemic.
- Helen’s team has a role in supporting staff by reflective practice, known as clinical supervision, which brings value to the organisation. There are other good solutions such as the newly established Hive for wellbeing support.

- Helen felt that the current offer by GOSH is good. She is passionate about introducing a clinical wellbeing toolkit, so that staff are aware of the options and preventative solutions available.
- It was noted that traumatic events occur at GOSH and staff do not necessarily know that they need help and support. In some parts of the workforce there is a lot of anxiety and stress that is not always acknowledged. Further work needs to be done to encourage staff to come forward. There is also a cultural divide between services where some groups are open to support and others see it as potentially punitive. Addressing this should be a priority to ensure recovery, learning and a supportive approach.

Freedom to Speak Up Service Update: April 2023 – June 2023 (Q1) and Freedom to Speak Up Policy update

- Forty people raised a concern with the FTSU service during the first quarter. Staff safety and wellbeing was reported as the most prominent theme, with administrative and medical staff raising the most contacts with the service. The Trust is looking to introduce a dedicated Wellbeing Officer to support staff and keep communication flowing so those raising concerns are clear on the steps being taken and feel psychologically safe.
- A review had been undertaken to determine whether staff feel detriment after speaking up. It is very difficult to determine how many staff feel this way. There are processes in place to support staff who feel they have experienced detriment, and the grievance process is in place to manage and investigate such cases. However, the onus is on a staff member who may already feel vulnerable after speaking up and be facing additional barriers. Fear of retribution is one of the major factors why staff do not speak up, and there is value for the Trust to work to understand the reasons why staff could be hesitant to do so.
- The Trust is revisiting the approach to speaking up and combining the Freedom to Speak Up Policy and Protected Disclosure Policy to make the process easier for staff who may find it confusing to know which process to follow.

Staff Focused Whistleblowing Concerns

- One new issue has been raised which is potentially a whistleblowing complaint. It been discussed in detail with the Committee Chair who has prepared a note of the issues for investigation and a report on these will be presented to the Confidential Quality, Safety and Experience Assurance Committee.

Update on the Board Assurance Framework (BAF)

- The Risk Assurance and Compliance Group (RACG) considered the proposal to increase the risk score of BAF Risk 14: Culture due to the context the Trust is operating but felt on balance of all mitigations in place and the work undertaken the scores should remain the same.
- Work had also been conducted on updating the Trust risk appetite statement which would be discussed in further detail with the Trust Board.

Summary of the Audit Committee Meeting held on 20th October 2023

Matters arising

- Governor question at June 2023 Audit Committee: Sustainable disposal of equipment at GOSH

The Committee noted the ways in which the Trust sustainably disposed of equipment and discussed the device replacement cycle which was likely to be extending in many cases with advances in technology. It was agreed that an economic life cycle review would take place and be considered at the March Audit Committee meeting.

Minutes of subcommittees

The Committee noted summaries of the following meetings:

- Summary of Finance and Investment Committee (August 2023, September 2023)
- Summary of Quality, Safety and Experience Assurance Committee (June 2023 and September 2023)
- Summary of People and Education Assurance Committee (September 2023).

Update on the Board Assurance Framework (BAF) from the Risk Assurance and Compliance Group (RACG) Including draft GOSH Risk Appetite Statement and Risk Tolerance Guidance

All risks on the BAF had been reviewed by the RACG over August and September 2023. The Audit Committee considered the following proposed updates:

- BAF risk 8: Business Continuity

The Committee considered a revised risk statement which had been broadened to be more strategic and placed in the context of the implementation of Integrated Care Boards. Discussion took place around whether or not risk statements should be rooted in a period of time and examples. It was agreed that a follow up discussion would take place at RACG to make the risk less issue based. Consideration would also be given to whether a geopolitical risk was required on the BAF or whether these matters should be included within relevant existing BAF risks.

- BAF risk 11: Medicines Management

The QSEAC had recommended the reduction of the net risk score to 3L x 5C and this was agreed. It was noted that challenges did remain in the area, however these were now well understood with actions plans in place and progress was being made.

- BAF risk 13: Mental Health Strategy

The QSEAC had recommended the proposed risk scores and risk statement to the Audit Committee. It was agreed that they would be recommended to the Board for approval.

- BAF risk 17: International and Private Care and Commercial

The risk had been reviewed by the Finance and Investment Committee and updated following their comments. The committee recommended the risk scores and risk statement to the Board for approval.

- BAF risk 18: Health Inequalities

Discussion took place around the areas over which GOSH had influence and the committee expressed strong support for taking practical steps around thoughtful communication with patients and families and around awareness of the digital divide. The committee recommended the risk scores and risk statement to the Board for approval.

- BAF risk 19: Transformation

The risk had been reviewed by the Finance and Investment Committee and the Audit Committee agreed to recommend the risk scores and risk statement of this new risk to the Board for approval.

- BAF risk on the development of a new service

Discussion took place about the recommendation from the QSEAC to incorporate the elements of the risk into the relevant existing BAF risks. It was agreed that given the ongoing discussions at Board level, this would be referred to the QSEAC for further discussion.

- Risk Appetite Statement

The committee noted that the statement had been shared and approved at the other assurance committees and recommended the updated risk appetite statement to the Board for approval.

BAF Risk Deep Dives: BAF Risk 4: Integrated Care System

GOSH was working to achieve a balance between the local focus required by the Integrated Care System (ICS) and specialist services noting that GOSH was the Trust with the greatest proportion of services commissioned by specialist commissioning nationally. The committee emphasised the importance of keeping patients and outcomes at the centre of all decision making in this area and maintaining a focus on health inequalities.

Credit Note Provision (IFRS 9)

Discussion had taken place between committee members outside the meeting about reviewing the provisioning policy given the strategic goals of International and Private Care. The committee noted the multifaceted nature of the assumption underpinning the model and the potential for a one-off correction. The outcome of the update would be considered at the January 2024 Audit Committee meeting.

Update on cyber security (BAF risk 7)

The committee welcomed the action that had been taken to improve the Trust's cyber security position. The importance of staff as a key defence against cyber-attacks was emphasised.

Final Auditor Annual Report including VFM 2022/23 (for information only)

The committee noted that the Auditor's Annual Report had been finalised and published.

Internal Audit Progress Report and Internal audit recommendations – update on progress

The KPMG team reported that they were on track to complete the internal audit annual plan by year end. The committee noted that there had been an increase in overdue Internal Audit recommendations in line with many other Trusts. The importance of implementing a culture of meeting deadlines for actions was highlighted as was the need to set reasonable timeframes for completion of actions. The review of Core Financial Systems was received which provided an assurance rating of *partial assurance with improvements required* because of one high priority recommendation. The Committee highlighted the importance of implementing a culture in which staff were empowered and able to carry out validation checks required in these areas.

Local Counter Fraud progress report

The Fraud Risk Assessment was in the process of being completed and eight cases were being investigated, four of which had been driven by proactive reviews. Discussion took place about the timeframe for ongoing investigations, and it was noted that they were often complex, involving more than one organisation.

Whistleblowing Update – October 2023

One case was ongoing and being reported via the QSEAC and PEAC. It was confirmed that work had already been underway in the area concerned and no further immediate actions had been required. The policy for raising concerns was being updated to bring together all types of concerns that could be raised and implement a triage stage to determine the nature of matters raised.

Review of Standing Financial Instructions and Scheme of Delegation

The review had been undertaken to ensure that the appropriate limits were in place to enable staff to undertake their responsibilities. Audits of budget holders would take place as would finance cross checks and commercial sign offs. Information had been requested from the internal and external auditors about well-developed systems from other Trusts. The committee recommended the revised SFIs and Scheme of Delegation to the Board for approval.

Write offs

The Committee approved the schedule of bad debts to be written off.

Governor feedback

The importance of considering the potential impact of the geopolitical context on business continuity in directorates was highlighted and further discussion took place around cyber security and the action that should be taken by staff when suspicious contacts were received.

Finance and Investment Committee update

Since the last report to Council there have been two FIC meetings:

Date & meeting type	Summary of meeting purpose
2 August 2023 Scheduled meeting	Standard agenda: Finance report, Performance report, Capital Projects update as well as approval of the Trust Treasury Management Policy and review of insurance renewal options.
29 September 2023 Scheduled meeting	Standard agenda: Finance report, Performance report, Capital Projects update as well as review of the Technology Strategy and NHS 2022-23 National Cost Collection Submission

This report summarises the key developments and discussions arising from both meetings. For a copy of the minutes please contact Paul Balson, Head of Corporate Governance (Paul.Balson@gosh.nhs.uk).

Key points to raise on the wider financial environment

The Chief Executive provided a summary of the challenges North Central London Integrated Care System had faced (including strike action) and their adverse impact on Cost Improvement Plans. The Committee considered practicable actions for the Trust over the next two to three years.

Finance report Month 5 (August data)

The Trust position at Month 5 was a £10.6m deficit year to date. This was £8.2m adverse overall to plan.

Strike action had impacted performance by £3.1m.

International and Private Care income was £3.7m behind plan due to decreased levels of activity mainly associated with strikes action.

The Committee noted that there was significant pressure in the NHS at present to reduce the backlog of patients awaiting treatment, but were pleased to see that the management team were committed to balancing realistic recovery targets and staff welfare.

Performance report Month 5 (August data)

Overall, Trust performance was good. However, it was unable to make a significant impact on the backlog – the primary factor was the nature, frequency and phasing of strike action.

The Committee was informed that the Trust continued to assess the wellbeing of patients on the waiting list.

The Committee discussed the risks associated with non-achievement of NHSE activity targets and reiterated the need to have due consideration for staff wellbeing when setting ambitious performance targets.

2022-23 National Cost Collection Submission

The Committee noted that all Trusts are required to report a 'National cost collection' in line with national guidance. The costs collected are used as the basis for tariff setting in future years and provide a measure of efficiency against other comparable Trusts. National guidance requires the submission collection to be formally reviewed and signed off by the Board or a delegated committee.

The Committee endorsed the submission pending delegated authority from the Trust Board to approve. The Trust Board is asked to grant delegatory authority to the Finance and Investment Committee for the National Cost Collection Submission.

Pharmacy provision in the Children’s Cancer Centre

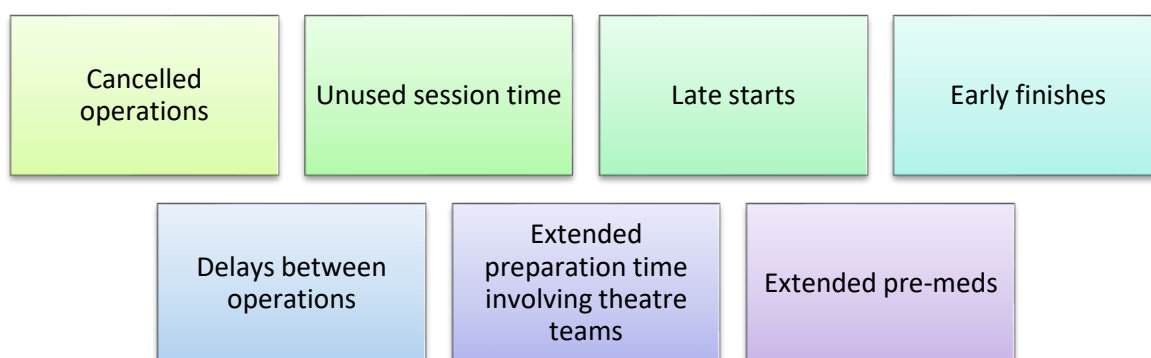
The Committee received an update on the pharmacy estate plans with regard to the CCC and details of the phased improvement projects. The Committee requested a detailed programme timeline of improvements for Pharmacy estate in the Trust.

Technology Strategy

The Committee were pleased to receive the Trust’s Technology Strategy and requested regular updates on the strategy and levels of capital and revenue investment. The ICT team were also encouraged be more entrepreneurial and horizon scan for technologies that could be pioneered at GOSH as well as continue to streamline the number of legacy systems in the Trust.

Theatre utilisation

The Committee discussed a report on Theatre utilisation and the key factors affecting it including:



The Committee then discussed the Trust’s plans to improve utilisation, including the establishment of a multidiscipline ‘Theatre Utilisation Group’.

Insurance update (August)

Following discussion, the Committee noted that:

- Next year’s insurance cover was the same as last year with a 5% increase on building on contents cover.
- Based on likelihood and cost, terrorism cover was not required
- The Trust’s ICT team had initiated a gap analysis on the insurer’s cyber requirements and requested quotes – to be discussed at EMT.
- Additional information and assurance on a partner organisation’s nuclear material was required.

Major projects (August and September)

The Committee noted progress on all major projects at the Trust. The Committee was positive about the good relationship it had with the contractor working on the decant and demolition of the frontage building.

Board Assurance Framework

The Committee reviewed updates to control, assurance and actions required the risks under its remit:

- International and Private Care

Attachment tbc

- Transformation
- Financial Sustainability
- Children's Cancer Centre

Feedback from Governors (September)

Peace Joseph, Public Governor from London observed the meeting, they fed back that it was pleasing to see the Trust forging ahead with its aims despite the challenges whilst balancing the wellbeing of staff.

End

Council of Governors

09 November 2023

Auditor's Annual Report 2022/23

Summary & reason for item:

The independent auditor's report is addressed to the governors and explains the scope of their audit and gives an opinion on whether the financial statements give a true and fair view of the Trust and have been prepared according to the standards set by NHS Improvement.

The Trust's external auditors completed their audit of the Trust's financial statements 2022/23 in June 2023. Their draft report was discussed at the June 2023 Audit Committee and the June 2023 Trust Board in advance of the accounts being signed and submitted to Department of Health and Social Care.

As in the previous year, the auditors were required to complete a more detailed review of the Trust's Value for Money arrangements. The auditors have now completed their Value for Money review and updated their annual report accordingly. The Trust has submitted the updated annual auditor's report to Department of Health and Social Care.

Following the laying before Parliament of the Trust's Annual Report and Accounts 2022/23 on 13 July 2023 and the Trust's Annual General Meeting on 20 September 2023, the governance processes for 2022/23 are now complete.

The External Auditor's Annual Report 2022/23 is attached for information and was presented to the Audit Committee at their meeting on the 20 October 2023.

Governor action required:

The Council of Governors are asked to note the report.

Report prepared by:

Neil Redfern, Associate Director of Finance (Financial Control)

Item presented by:

John Beswick, Chief Finance Officer



Key Messages

Audit opinion on the financial statements

We issued an unqualified opinion on the Trust's financial statements on 23 June 2023.

The Trust's arrangements to secure Value for Money

Commentary on the Trust's arrangements

Financial Sustainability

How the body plans and manages its resources to ensure it can continue to deliver its services

At 31 March 2023, the Trust had net assets of £681m (31 March 2022: £622m), net current assets of £64m (31 March 2022: £81m), and a strong cash balance of £82m (31 March 2022: £124m).

The Trust ended the year with a deficit of £26m (31 March 2022 £17m). The main reason for the deficit was due to an increase in employee related expenses from increased headcount as well as some increases in impairment to buildings in the current year.

We concluded that there was no significant weakness in the Trust's arrangements.

Governance

How the body ensures that it makes informed decisions and properly manages its risks

The Trust has a significant capital program of £47m and spent a total of £24m (31 March 2022 £26m) on capital projects in the current year. There were no new major capital projects in the current year. However, the Childrens Cancer Centre is in progress from the previous year.

The Trust has completed its action plan from the CQC inspection in January 2020 and though not yet externally assessed, considers that it has addressed all 'must do' actions and work continued on six 'should do' actions. The Head of Internal Audit opinion has given a 'Significant assurance with minor improvement opportunities' opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.

We concluded that there was no significant weakness in the Trust's arrangements.

Improving economy, efficiency and effectiveness

How the body uses information about its costs and performance to improve the way it manages and delivers its services

The Trust has historically achieved its CIP and in the current year we note that 70% of the identified planned efficiency target was achieved.

The Trust plays an active part in the local Integrated Care System (ICS) and has key partnerships, including with the Children's Hospital Alliance.

We concluded that there was not a significant weakness in the Trust's arrangements.

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Purpose of this report

Our Auditor's Annual Report sets out the key findings arising from the work we have carried out at Great Ormond Street Hospital for Children NHS Foundation Trust ("the Trust") for the year ended 31 March 2023.

This report is intended to bring together the results of our work over the year at the Trust, including commentary on the Trust's arrangements to secure economy, efficiency and effectiveness in the use of resources ("Value for Money", "VfM").

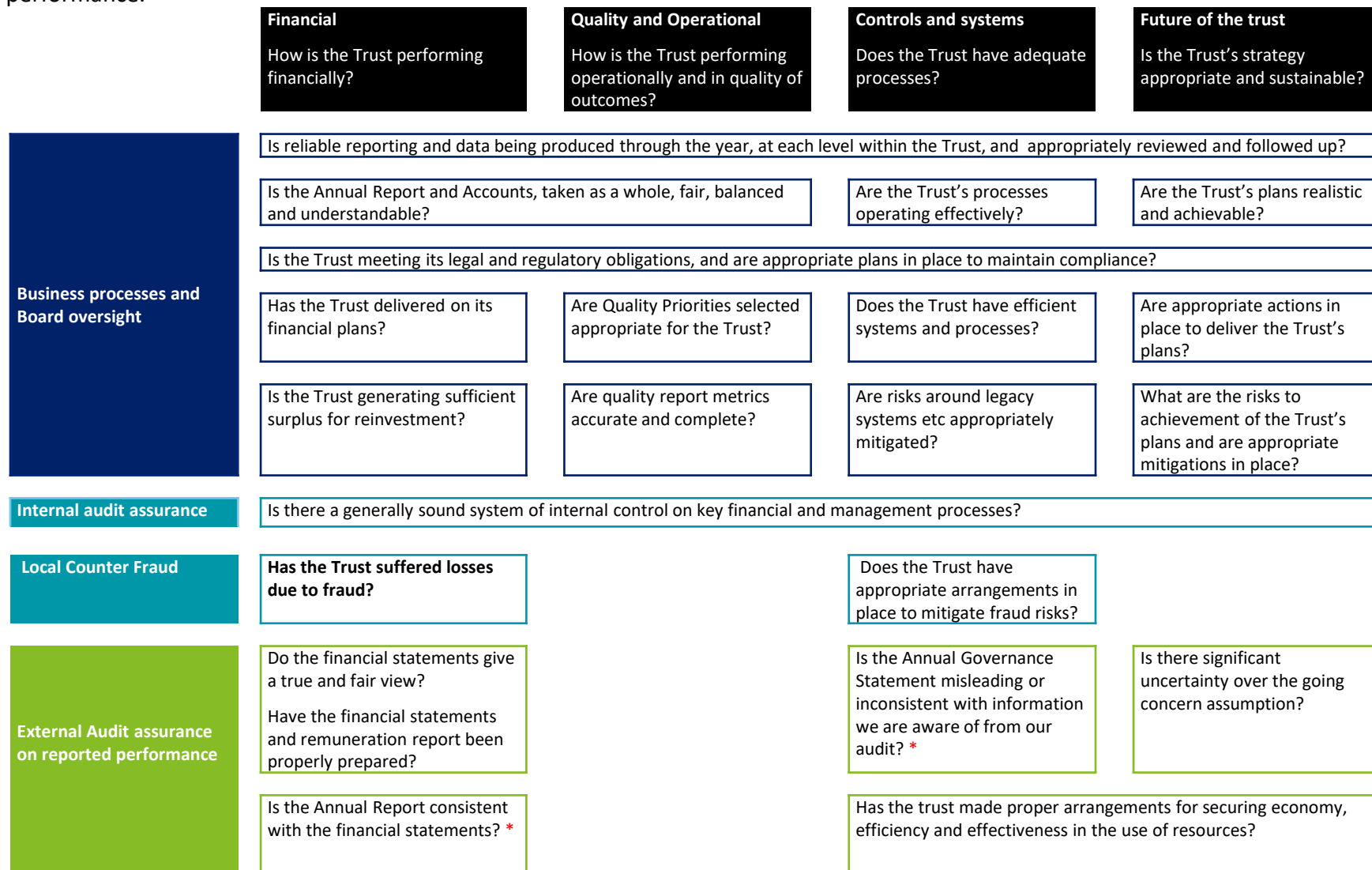
In preparing this report, we have followed the National Audit Office's ("NAO") Code of Audit Practice and its Auditor Guidance Note ("AGN") 03, Value for Money, and AGN 07, Auditor Reporting. These are available from the NAO website.

A key element of this report is our commentary on the Trust's arrangements to secure economy, efficiency and effectiveness in the use of resources ("Value for Money", "VfM"). Our work considering these arrangements is based on our assessment of the adequacy of the arrangements the Trust has put in place, based on our risk assessment. The commentary does not consider the adequacy of every arrangement the Trust has in place, nor does it provide positive assurance that the Trust is delivering or represents value for money.

We have not identified any significant weaknesses in the Trust's VfM arrangements, and so have not reported any recommendations in respect of significant weaknesses.

Assurance sources for the Trust

The diagram below illustrates how the assurances provided by external audit around finance, quality, controls and systems and the future of the Trust (in the green rows) and how this fits with some of the other assurances available over the Trust's position and performance.



* The scope of external audit in this area is "negative assurance" of reporting by exception of issues identified.

Opinion on the financial statements

We provide an independent opinion whether the Trust’s financial statements:

- Give a true and fair view of the financial position of the Trust at 31 March 2023 and of the Trust’s income and expenditure for the year then ended;
- Have been properly prepared in accordance with the accounting policies directed by NHS England; and
- Have been prepared in accordance with the requirements of the National Health Service Act 2006.

The full opinion and certificate are included in the Trust’s Annual Report and Accounts, which can be obtained from the Trust’s website.

We conduct our audit in accordance with the NAO’s Code of Audit Practice, International Standards on Auditing (UK) (“ISAs (UK)”) and applicable law. We are independent of the Trust in accordance with applicable ethical requirements, including the Financial Reporting Council’s Ethical Standard.

Audit opinion on the financial statements: We issued an unqualified opinion on the Trust’s financial statements on 23 June 2023. We did not identify any matters where, in our opinion, proper practices had not been observed in the compilation of the financial statements.

Remuneration and Staff Report: We reported that the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the National Health Service Act 2006.

Annual Governance Statement: We did not identify any matters where, in our opinion, the Annual Governance Statement did not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, was misleading, or was inconsistent with information of which we are aware from our audit.

Annual Report: We reported that the information given in the Performance Report and Accountability Report for the year ended 31 March 2023 is consistent with the financial statements.

Reports in the public interest and reports to NHS England: We did not exercise any of our additional reporting powers in respect of the year ended 31 March 2023.

Reporting to the group auditor: In line with the group audit instructions issued by the NAO, we reported on 23 June 2023 that the Trust’s consolidation schedules that feed into the Consolidated NHS Provider Account and Department of Health and Social Care’s group accounts were consistent with the audited financial statements.

Audit Certificate We certified completion of the audit on 05 July 2023 , following completion of our responsibilities in respect of the audit for the year ended 31 March 2023.

Our financial statement audit approach

An overview of the scope of the audit

Our audit was scoped by obtaining an understanding of the Trust and the environment it operates in, including internal control, and assessing the risks of material misstatement to the financial statements. Our risk assessment procedures include considering the size, composition and qualitative factors relating to account balances, classes of transactions and disclosures. This enables us to determine the scope of further audit procedures to address identified risks of material misstatement.

Audit work to respond to the risks of material misstatement was performed directly by the audit engagement team, led by the audit partner Craig Wisdom. The audit team included integrated Deloitte specialists bringing specific skills and experience in property valuations and Information Technology systems.

Materiality

Our work is planned and performed to detect material misstatements. We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality both in planning the scope of our audit work and in evaluating the results of our work.

Based on our professional judgement, we determined materiality for the Trust to be £12.7m, on the basis of 2% of revenue, which is 1.8% of gross assets and 1.8% of taxpayers' equity.

We agreed with the Audit Committee that we would report to the Committee all audit differences in excess of £300k as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds. We also report to the Audit Committee on disclosure matters that we identified when assessing the overall presentation of the financial statements.

Procedures for auditing the Trust's financial statements

Our audit of the Trust's financial statements included:

- developing an understanding of the Trust, including its systems, processes, risks, challenges and opportunities and then using this understanding to focus audit procedures on areas where we consider there to be a higher risk of misstatement in the Trust's financial statements;
- interviewing members of the Trust's management team and reviewing documentation to test the design and implementation of the Trust's internal controls in certain key areas relevant to the financial statements; and
- performing sample tests on balances in the Trust's financial statements to supporting documentary evidence, as well as other analytical procedures, to test the validity, accuracy and completeness of those balances.

Data analytic techniques were used as part of audit testing, in particular to support profiling of populations to identify items of audit interest and in journal testing, using our Spotlight data analytics platform.

Approach to audit risks

We focused our work on areas where we considered there to be a higher risk of misstatement. We refer to these areas as significant audit risks.

We provided a detailed audit plan to the Trust's Audit Committee setting out what we considered to be the significant audit risks for the Trust, together with our planned approach to addressing those risks. We have provided a summary of each of the significant audit risks on the next page.

We have made recommendations in our Audit Committee reporting for improvement in the Trust's policies, procedures and internal controls based on observations from our work. However, we do not consider these recommendations to reflect significant weaknesses in the Trust's VfM arrangements.

Financial statement audit significant risks

Property valuations

Risk identified	<p>The Trust is required to hold property assets within Property, Plant and Equipment at valuation, which will usually be on a modern equivalent use basis. As detailed in our Audit Plan, valuations are by nature significant estimates which are based on specialist and management assumptions, and which can be subject to material changes in value. The Trust has had a desktop valuation carried out for the purposes of the 31 March 2023 financial statements.</p> <p>Trusts are required to revalue property assets when there is evidence of significant movements in asset values, and the GAM suggests that this should be at least every five years with more frequent revaluations in rapidly changing property markets. As mentioned above, the Trust has performed a desktop valuation in the current year. The Trust had performed a full valuation in the prior year 2021/22.</p>
Deloitte response	<p>We tested the design and implementation of key controls in place around the property valuation.</p> <p>We engaged early with the Trust, using our valuation specialists to challenge the assumptions applied by management in the valuations.</p> <p>We traced the revaluation movements to the financial statements and recalculated the treatment as revaluation gains or impairment.</p> <p>We performed a test of the accuracy and completeness of the information submitted to Valuer.</p> <p>We used our valuation specialists, Deloitte Real Estate, to review the mathematical accuracy of the calculations used by the external valuer to compute the valuation of assets and challenge the appropriateness of the assumptions used in the year end valuation of the Trust's Land and Buildings, including considering movements compared to those of other trusts performing valuations for 2022/23.</p>
Key observations	<p>Overall, the Trust's valuation assumptions are in line with other Trusts and fall within the expected range highlighted by our property specialists.</p>

Financial statement audit significant risks

Accounting for capital expenditure

Risk identified The Trust has a significant capital programme, and has budgeted £47m and actual expenditure of £24m for capital works during 2022/23 (budgeted 2021/22: £34m and actual £26m).

The material level of expenditure in the current year and the higher level of capital budgets available in the current year increases the risk of amounts being incorrectly capitalised, or of incorrect recognition in the current period.

In addition, the Trust has significant assets under construction balance for current ongoing capital projects of £32m as at 31 March 2023 (£25m as at 31 March 2022). The timing in which projects are completed and assets are brought into use directly impacts the level of depreciation incurred by the Trust (and ultimately the Trust's surplus or deficit) and as such is an area that we judge could be open to management override or fraud, particularly in the context of the Trust needing to meet financial control totals.

Deloitte response We have reviewed the Trust's capital plans as part of the planning process and discussed with management potential risks or issues identified and we physically verified assets as appropriate.

We have tested the design and implementation of controls around the capitalisation of costs and test spending on a sample basis to confirm that it complies with relevant accounting requirements.

We have tested the design and implementation of controls around the transfer of assets out of assets under construction and in to use and test completed projects on a sample basis to ensure depreciation is charged from the correct date.

We have selected a sample of additions in the year to test whether they have been appropriately capitalised in accordance with the accounting requirements.

We have reviewed the projects ledger and the status of individual projects to evaluate whether they have been depreciated from the appropriate point.

Key observations No material issues has been identified relating to inappropriate capitalisation or transfers of assets under construction..

Financial statement audit significant risks

Management override of controls

Risk identified In accordance with ISA 240 (UK) management override is a significant risk. This risk area includes the potential for management to use their judgement to influence the financial statements as well as the potential to override the Trust's controls for specific transactions. We consider that in the current year there is a risk across the NHS that management may override controls to fraudulently manipulate the financial statements or accounting judgements or estimates.

The key judgments in the financial statements are those which we have selected to be the significant audit risks capital expenditure and valuation of the Trust's estate. These are inherently the areas in which management has the potential to use their judgment to influence the financial statements.

Deloitte response In considering the risk of management override, we plan to perform the following audit procedures that directly address this risk:

We have risk assessed journals and selected items for detailed follow up testing. The journal entries were selected using computer-assisted profiling based on areas which we considered to be of increased interest.

We tested the appropriateness of journal entries recorded in the general ledger, and other adjustments made in the preparation of financial reporting.

We reviewed accounting estimates for biases that could result in material misstatements due to fraud.

We obtained an understanding of the business rationale of significant transactions that we become aware of that are outside of the normal course of business for the entity, or that otherwise appear to be unusual, given our understanding of the entity and its environment.

We used our Spotlight data analytics software to review ledger postings throughout the year, and particularly at each quarter end, with focus on identifying any manual adjustments to revenue at the period end or reversing entries that could be indicative of manipulation and management override.

Key observations We have concluded our work on Management override of controls satisfactorily. We note that, consistent with previous years, Management have taken a conservative approach to provisions specifically for IPP and legal provisions but no material issues noted overall.

Financial statement audit significant risk

IFRS 16 Right of use assets

Significant Risk identified **Valuation ROU L&B**

The Trust is required to hold property assets within right of use at valuation, which will usually be on a Fair value basis or depreciated replacement cost. As detailed in our Audit Plan, valuations are by nature significant estimates which are based on specialist and management assumptions, and which can be subject to material changes in value. The Trust has had a fully inspected independent valuation carried out for the purposes of the 31 March 2023 financial statements.

Trusts are required to value property assets when there is evidence of significant movements in asset values, and the GAM suggests that this should be between one and five years with more frequent revaluations in rapidly changing property markets

The Trust's right of use land and building at cost at 31 March 2023 is valued is £76.5m and other right of use assets is £2m.

Deloitte response

- We tested the design and implementation of key controls in place around the ROU Land and Buildings valuation.
 - We used our valuation specialists to challenge the assumptions applied by management in the valuations.
 - We performed a test of the accuracy and completeness of the information submitted to Valuer.
 - Reviewed the assessment prepared by management on the implementation of IFRS 16.
 - We tested audit adjustments arising from the implementation of IFRS16 and follow up on unexpected adjustments
-

Key observation

There no material findings to report on ROU valuations.

Auditor's work on Value for Money (VfM) arrangements

The Accounting Officer and the Board are responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the use of resources. This includes taking properly informed decisions and managing key operational and financial risks so that they can deliver their objectives and safeguard public money.

The Accounting Officer reports on the Trust's arrangements, and the effectiveness with which the arrangements are operating as part of their annual governance statement.

Under the National Health Service Act 2006, we are required to be satisfied whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. Under the National Audit Office's Auditor Guidance Note 3, we are required to assess arrangements under three areas:

Financial Sustainability	<i>How the body plans and manages its resources to ensure it can continue to deliver its services</i>
Governance	<i>How the body ensures that it makes informed decisions and properly manages its risks</i>
Improving economy, efficiency and effectiveness	<i>How the body uses information about its costs and performance to improve the way it manages and delivers its services</i>

In this report, we set out the findings from the work we have undertaken. Where we have found significant weaknesses in arrangements, we are required to make recommendations so that the Trust can consider them and set out how it plans to make improvements. We have not identified any significant weaknesses in arrangements.

In planning and performing our work, we consider the arrangements that we expect bodies to have in place, and potential indicators of risks of significant weaknesses in those arrangements. Our assessment of potential indicators has been performed in the context of the structural changes in the NHS during 2022/23, and the on-going impact of changes in national processes.

In addition to our financial statement audit, we performed a range of procedures to inform our VfM commentary, including:



Interviews with key stakeholders, including John Beswick (CFO) and Matt Shaw Chief Executive Officer and Audit Committee Chair Gautam Dalal



Review of Board and committee reports and attendance at audit committee meetings.



Reviewing reports from third parties including Care Quality Commission and internal audit reports and correspondence with NHS England and risk registers



Considering the findings from our audit work on the financial statements.



Review of the Trust's annual governance statement and annual report.

VfM arrangements: Financial Sustainability

Approach and considerations

We have considered how the Trust plans and manages its resources to ensure it can continue to deliver its services, including:

- How the Trust ensures it identifies all the significant financial pressures that are relevant to its short and medium-term plans and builds these into them;
- How the Trust plans to bridge its funding gaps and identifies achievable savings;
- How the Trust plans finances to support the sustainable delivery of services in accordance with strategic and statutory priorities;
- How the Trust ensures that its financial plan is consistent with other plans such as workforce, capital, investment, and other operational planning; and
- How the Trust identifies and manages risks to financial resilience, including challenge of the assumptions underlying its plans.

Commentary

At 31 March 2023, the Trust had net assets of £681m (31 March 2022: £622m), net current assets of £64m (31 March 2021: £81m), and a strong cash balance of £82m (31 March 2022: £124m).

The Trust ended the year with a deficit of £26m (31 March 2022 £17m).

- The Trust's planning process is completed via a bottom up approach which allows directorates to identify pressures which are then reflected into Cost Improvement Programmes (CIP) requirements and mitigations approved by the Board and ensures that each directorate is held accountable for delivering savings.
- The Trust recognised that to remain financially sustainable it needs to be as efficient as possible (to deal with unknown issues and costs/loss of income). Therefore, the better value programme is key to provide resilience to the Trust going forward – through the transformation of services, digitalisation and costs reductions to ensure sustained delivery of services. Any identified schemes need to go through a quality assessment process to ensure there is no impact of the statutory requirements including the quality and safety of the services. As part of the budget setting process EMT reviews bridges that showed the key pressures and benefits the Trust was seeing within the planning process. In order to address the pressures that were being highlighted in the bridges, each directorate attended challenge meetings that were chaired by the executive management team. This ensured that the pressures were addressed, and savings programs identified.
- For the 2023/24 financial year, the Trust has budgeted for a surplus of £18m. The Trust has a CIP target for the year of £33m and have so far identified savings of £19m (60%) to date. The Trust has historically achieved its CIP, although we note that for the 2022/23 financial year 70% of the identified planned efficiency target (£22.8m) was achieved.
- The Trust has implemented a new accounting standard, IFRS 16, Leases, in the year, which effectively brings most leases on balance sheet. Although this has no cash impact, this has an on-going impact on capital budgets and planning, as the recognition of new "right of use" assets for leased assets counts as capital expenditure. We identified a few control recommendations around the new standard, which we have reported to the Audit Committee.
- The Trust has a monthly financial reporting cycle and reports are reviewed by the Executive Management Team (EMT) and issues are escalated as appropriate to agree potential mitigating actions.

VfM arrangements: Financial Sustainability (continued)

Approach and considerations

We have considered how the Trust plans and manages its resources to ensure it can continue to deliver its services, including:

- How the Trust ensures it identifies all the significant financial pressures that are relevant to its short and medium-term plans and builds these into them;
- How the Trust plans to bridge its funding gaps and identifies achievable savings;
- How the Trust plans finances to support the sustainable delivery of services in accordance with strategic and statutory priorities;
- How the Trust ensures that its financial plan is consistent with other plans such as workforce, capital, investment, and other operational planning; and
- How the Trust identifies and manages risks to financial resilience, including challenge of the assumptions underlying its plans.

Commentary

- The Audit Committee has regular updates on the risk to financial sustainability and this is a risk on the Board Assurance Framework which is regularly reviewed at the Risk Assurance and Compliance Group, Audit Committee and Trust Board. This includes horizon scanning about potential changes in the financial framework and tariff systems and the impact this may have on the trust.
- The Trust uses external benchmarking to identify areas of savings including Model hospital, Getting it Right First Time (GRIFT), NHSI corporate benchmarking and other comparable NHS trusts.
- The Trust looks to maximise its NHS funding through negotiation with commissioning leads and working with the Children's Alliance and NHSE pricing teams.
- The CFO and finance team attend national updates, regional updates and local ICS meetings on a regular basis. From these risks and potential changes to the system are acquired and updates provided to the organisations. The CFO also raises potential issues at these updates as appropriate to ensure the clarity can be gained.
- The Finance team also use their networks to understand how other organisations are approaching the management of key financial risks to the organisation.

We concluded that there was not a significant weakness in the Trust's arrangements.

VfM arrangements: Governance

Approach and considerations

We have considered how the Trust ensures that it makes informed decisions and properly manages its risks, including:

- how the body monitors and assesses risk and how the body gains assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud;
- how the body approaches and carries out its annual budget setting process;
- how the body ensures effective processes and systems are in place to ensure budgetary control; to communicate relevant, accurate and timely management information (including non-financial information); supports its statutory financial reporting requirements; and ensures corrective action is taken where needed;
- how the body ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency; and
- how the body monitors and ensures appropriate standards, such as meeting legislative/regulatory requirements and standards in terms of officer behaviour.

Commentary

Through our review of relevant documentation and discussions held with management we noted that:

- The Trust has Risk Assurance and Compliance Group (RACG) and a Quality, Safety and Experience Assurance Committee (QSEAC) in order to monitor risk. Both of these groups monitor and assess risk and reports of both of these groups feed into the Board Assurance Framework which is reviewed at each Audit Committee meeting. A summary of these is discussed at the Trust Board which owns the process
- The Trust also has a local counter-fraud service and an internal audit service which enable the Trust to identify and eliminate risk.
- The Internal Audit function reports to each audit committee with progress updates and monitoring reports on recommendations. The Head of Internal Audit opinion has given a 'Significant assurance with minor improvement opportunities' opinion on the overall adequacy of the organisation's framework of governance, risk management and control. We do not expect the internal audit recommendations identified to have a material impact on the arrangements of the Trust and we note that the Trust has put action plans in place to address these recommendations in the current year.
- The Trust has established processes to manage risk and risks are identified and monitored at all levels in the organisation and mitigating actions are identified and assessed on a regular basis.
- The Trust's budgeting process is well established and is appropriate for the size of the Trust. The monthly reporting cycle is also well established whereby review and forecasting is embedded within the process and there is challenge by senior stakeholders. At each of the meetings of the Finance and Investment Committee and Trust Board there is a finance report to review a combination of activity, workforce and financial performance information. These meetings also ask for further information as a consequence of the report.
- The Trust looks for balance in the structure of those charged with governance between technical and sector experience. The Trust is able to show depth of experience on the Board and sub committees.
- The "Well Led" element of the last CQC report published in January 2020 rated the Trust as Good. The Trust has completed it's action plan from the CQC inspection and though not yet externally assessed, considers that it has addressed all 'must do' actions and work continued on six 'should do' actions.
- The Audit Committee also received updates on other compliance matters, including readiness for other regulatory inspections and assessments.

VfM arrangements: Governance (continued)

Approach and considerations

We have considered how the Trust ensures that it makes informed decisions and properly manages its risks, including:

- how the body monitors and assesses risk and how the body gains assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud;
- how the body approaches and carries out its annual budget setting process;
- how the body ensures effective processes and systems are in place to ensure budgetary control; to communicate relevant, accurate and timely management information (including non-financial information); supports its statutory financial reporting requirements; and ensures corrective action is taken where needed;
- how the body ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency; and
- how the body monitors and ensures appropriate standards, such as meeting legislative/regulatory requirements and standards in terms of officer behaviour.

Commentary

Through our review of relevant documentation and discussions held with management we noted that:

- The Trust's Audit Committee approves the annual Internal Audit Plan and Counter Fraud Plan, and receives updates at committee meetings through the year.
- NHS England has assessed the Trust under the Single Oversight Framework in segment 2, which indicates that the Trust has plans that have the support of system partners in place to address areas of challenge
- The new NHS Provider Code of Governance is effective from 1 April 2023. Although not part of the arrangements for 2022/23, we have considered the Trust's preparation for the implementation of the new Code, and note that the Board discussed the Trust's assessment of the impact of the new Code in a Board meeting on 30 March 2023 .

VfM arrangements: Improving economy, efficiency and effectiveness

Approach and considerations

We have considered how the body uses information about its costs and performance to improve the way it manages and delivers its services, including:

- How financial and performance information has been used to assess performance to identify areas for improvement;
- How the Trust evaluates the services it provides to assess performance and identify areas for improvement;
- How the Trust ensures it delivers its role within significant partnerships, engages with stakeholders it has identified, monitors performance against expectations, and ensures action is taken where necessary to improve; and
- Where the Trust commissions or procures services, how the Trust ensures that this is done in accordance with relevant legislation, professional standards and internal policies, and how the Trust assesses whether it is realising the expected benefits.

Commentary

Through our review of relevant documentation and discussions held with management we noted that:

- The Trust has historically used internal and external information/benchmarking to review cost, identify better value schemes, develop action plans and post project reviews to identify areas for improvement.
- The Trust has an established financial and performance monitoring processes that identify and challenge areas of focus and improvement. The monthly performance reports and financial performance information are presented to the Finance and Investment Committee and trust Board where variances are challenged and actions are agreed to address the challenges.
- The Trust reviews daily, weekly and monthly performance data at Operational Board, Executive Management Team (EMT) and Trust Assurance Committees/Board.
- The key partnerships the trust is a member of are:
 - Children's Alliance – As a Trust that has a national patient base, they continue to work as an active member of the Children's Alliance.
 - Federation of Specialist Hospitals to influence the development of the future contracting framework for specialist NHS services
 - Charity – A prioritisation steering group has been set up to align the priorities and expectations of both organisations. This is attended by trustees, NEDs and executives.
 - UCL/Institute of Child Health – The CEO attends CHCG and UCL has a Non Executive representative on the trust board as well as regular meetings between the two parties to ensure alignment and identification opportunities for the partnership.
 - The Trust is working in partnership with Royal Marsden in the development of EPR so that both trusts can maximise efficiencies in developing the system and a partnership board has been set up to ensure alignment of the organisations' strategies and where best value could be obtained
 - Governance Structures have been developed to ensure appropriate reporting to management to ensure delivery in line with objectives
 - External partnership/stakeholder is a standing agenda in the EMT meetings where they are monitored to ensure VfM. Furthermore, the Clinical Business Development Group with a sub-set of the executive committee, which is a discursive strategic group to monitor partnerships.

VfM arrangements: Improving economy, efficiency and effectiveness (continued)

Approach and considerations

We have considered how the body uses information

about its costs and performance to improve the way it manages and delivers its services, including:

- How financial and performance information has been used to assess performance to identify areas for improvement;
- How the Trust evaluates the services it provides to assess performance and identify areas for improvement;
- How the Trust ensures it delivers its role within significant partnerships, engages with stakeholders it has identified, monitors performance against expectations, and ensures action is taken where necessary to improve; and
- Where the Trust commissions or procures services, how the Trust ensures that this is done in accordance with relevant legislation, professional standards and internal policies, and how the Trust assesses whether it is realising the expected benefits.

Commentary

- Where the Trust procures services, local managers are expected to manage contracts and hold contract management meetings to ensure the provider is delivering against the KPIs in the contract and the Trust is getting value for money.
- Finance and Investment Committee (FIC) reviews non pay spend on an annual basis in comparison to previous years so this would also highlight if service costs have significantly changed for large contracts.
- The Trust continues to actively work as part of the local ICS/ICB to improve patient care pathways including involvement in a number of system forums:
 - ICS Steering Group
 - NCL Finance Group
 - NCL People Board
 - System Management Board
 - NCL Population Health and Inequalities Committee
 - ICS Provider alliance

In addition, the ICS Operational Implementation Group is chaired by the Trust's CEO

We concluded that there was not a significant weakness in the Trust's arrangements.

Purpose of our report and responsibility statement

What we report

Our report fulfils our obligations under the Code of Audit Practice to issue an Auditor's Annual Report that brings together all of our work over the year, including our commentary on arrangements to secure value for money, and recommendations in respect of identified significant weaknesses in the Trust's arrangements.

What we don't report

Our audit was not designed to identify all matters that may be relevant to the Trust.

Also, there will be further information the Board of Directors and Board of Governors need to discharge their governance responsibilities, such as matters reported on by management or by other specialist advisers.

Finally, our views on internal controls and business risk assessment should not be taken as comprehensive or as an opinion on effectiveness since they have been based solely on the audit procedures performed in the audit of the financial statements and work under the Code of Audit Practice in respect of Value for Money arrangements.

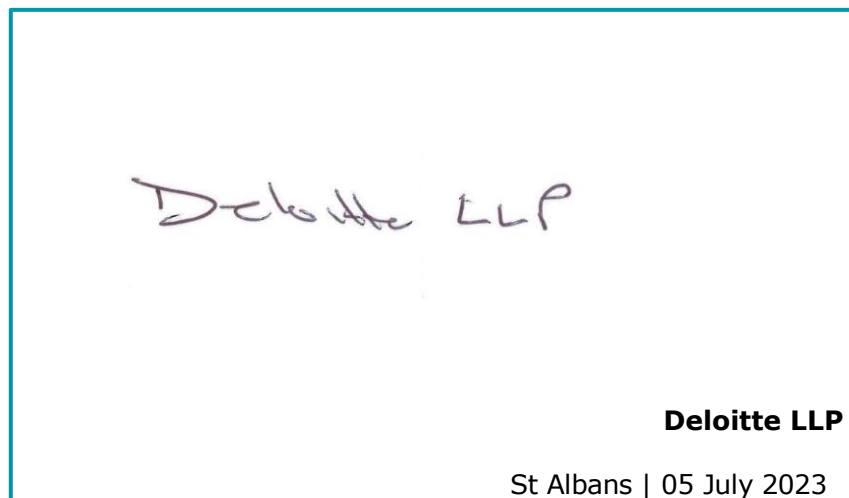
The scope of our work

Our observations are developed in the context of our audit of the financial statements.

We described the scope of our work in our audit plan.

Use of this report

This report is made solely to the Board of Governors and Board of Directors ("the Boards") of Great Ormond Street Hospital NHS Foundation Trust, as a body, in accordance with the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards those matters we are required to state to them in our Auditor's Annual Report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Boards as a body, for our audit work, for this report, or for the opinions we have formed.



Appendix 1: Trust's responsibilities

Public bodies spending taxpayers' money are accountable for their stewardship of the resources entrusted to them. They should account properly for their use of resources and manage themselves well so that the public can be confident.

Financial statements are the main way in which local public bodies account for how they use their resources. Local public bodies are required to prepare and publish financial statements setting out their financial performance for the year. To do this, bodies need to maintain proper accounting records and ensure they have effective systems of internal control.

All local public bodies are responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness from their resources. This includes taking properly informed decisions and managing key operational and financial risks so that they can deliver their objectives and safeguard public money. Local public bodies report on their arrangements, and the effectiveness with which the arrangements are operating, as part of their annual governance statement.

The Chief Executive, as Accounting Officer of the Trust, is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

The Accounting Officer is required to comply with the Accounts Direction issued by NHS England, which requires the Trust to comply with the Department of Health & Social Care Group Accounting Manual and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another entity. In applying the going concern basis of accounting, the Accounting Officer has applied the 'continuing provision of services' approach set out in the Group Accounting Manual, as it is anticipated that the services the Trust provides will continue into the future.

The Accounting Officer is required to confirm that the Annual Report and Accounts, taken as a whole, is fair, balanced, and understandable, and provides the information necessary for patients, regulators and stakeholders to assess the Trust's performance, business model and strategy.

The Accounting Officer is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the use of the Trust's resources, for ensuring that the use of public funds complies with the relevant legislation, delegated authorities and guidance, for safeguarding the assets of the Trust, and for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Accounting Officer and the Board are responsible for ensuring proper stewardship and governance, and reviewing regularly the adequacy and effectiveness of these arrangements.

Appendix 2: Auditor's responsibilities

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Auditor's responsibilities relating to the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required under the Code of Audit Practice and the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We undertake our work in accordance with the Code of Audit Practice, having regard to the guidance, published by the Comptroller & Auditor General in April 2021, as to whether the Trust has proper arrangements for securing economy, efficiency and effectiveness in the use of resources against the specified criteria of financial sustainability, governance, and improving economy, efficiency and effectiveness.

The Comptroller & Auditor General has determined that under the Code of Audit Practice, we discharge this responsibility by reporting by exception if we have reported to the Trust a significant weakness in arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2023. Other findings from our work, including our commentary on the Trust's arrangements, are reported in our Auditor's Annual Report.

Auditor's other responsibilities

We are also required to report to you if we exercise any of our additional reporting powers under the National Health Service Act 2006 to:

- make a referral to NHS England if we believe that the Trust or an officer of the Trust is
 - about to make, or has made, a decision which involves or would involve the Trust incurring unlawful expenditure;;
 - about to take, or has begun to take a course of action which, if pursued to its conclusion, would be unlawful and likely to cause a loss or deficiency
- consider whether to issue a report in the public interest.



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Council of Governors

09 November 2023

Non-Executive Director Succession Planning and Recruitment

Summary & reason for item:

The Council of Governors through its Council Nominations and Remuneration Committee is responsible for NED recruitment and NED succession planning.

The following changes are to be noted for non-executive directors on the GOSH Trust Board over the next 15 months:

- Sir Mike Rake, Chair – stepped down at the end of October 2023 following 6 years on the Board.
- Ellen Schroder – incoming Chair from 1 November 2023.
- Chris Kennedy, Non-Executive Director steps down March 2024 following 6 years on the Board.
- Amanda Ellingworth, Non-Executive Director step down December 2024 following 7 years on the Board (a 1-year extension was previously approved to facilitate a smooth appointment process for the new incoming Chair and support effective succession planning).
- Professor Russell Viner, Appointed Non-Executive Director (nominated by University College London) has announced his intention to step down in early 2024. (**See attachment N** on recruitment of a successor).
- Kathryn Ludlow, Non-Executive Director was due to step down from early September 2024 but has agreed to be recommended for a 1-year extension to remain on the GOSH Board and provide continuity over the next year (**See attachment O** on the proposal to extend Kathryn's tenure for 1 year).

Governor action required:

The Council of Governors is asked to approve the following recommendations from the Council Nominations and Remuneration Committee:

- Recruit to two NED positions at the same time, from a wider pool of diverse candidates:
 - Recruit one substantive NED to commence from 01 April 2024 (to replace Chris Kennedy).
 - Initially recruit another successful candidate, to an Associate NED role on the basis that the candidate will automatically step into the substantive NED position to replace Amanda Ellingworth without the need for any further recruitment process, subject to continued satisfactory performance.
- Note the proposal to tender for a recruitment agency to undertake the NED recruitment process.
- Approve the revised terms and conditions for a Non-Executive Director.
- Approve the proposed recruitment process and timetable.

Author: Dr Anna Ferrant, Company Secretary

Presented by: Ellen Schroder, Chair / Anna Ferrant, Company Secretary.

Non-Executive Director Succession Planning and Recruitment

Non-Executive Director Succession Planning

In support of succession planning for NEDs on the Trust Board, a Board experience and knowledge audit has been conducted. The findings and analysis were shared with the Council Nominations and Remuneration Committee in October 2023 to help inform their discussion and recommendations to the Council of Governors.

Currently the Trust Board includes the Chair, six Non-Executive Directors, one Associate NED and five Executive Directors, plus the Chief Executive.

Appendix 1 presents the tenures for the NEDs on a diagram. Over the last two years, and due to actions taken around extension of NED tenures, we have a more consistent and staggered approach to NEDs leaving and joining the Board which provides continuity. It also supports a more efficient approach to external recruitment to NED roles (usually undertaking a search for two NED roles at one time).

The Code of Governance 2023 states the following for the terms of NEDs:

4.3 Chairs or NEDs should not remain in post beyond nine years from the date of their first appointment to the board of directors and any decision to extend a term beyond six years should be subject to rigorous review. To facilitate effective succession planning and the development of a diverse board, this period of nine years can be extended for a limited time, particularly where on appointment a chair was an existing non-executive director. The need for all extensions should be clearly explained and should have been agreed with NHS England. A NED becoming chair after a three-year term as a non-executive director would not trigger a review after three years in post as chair.

NED recruitment

The purpose of this paper is to present the deliberations of the Council Nominations and Remuneration Committee in relation to the recruitment of two NEDs on the GOSH Trust Board replacing Chris Kennedy and Amanda Ellingworth.

- Chris Kennedy, Audit Committee and Finance and Investment Committee member and NED Sustainability Champion (steps down 31 March 2024 having served six years),
- Amanda Ellingworth, Deputy Chair, Senior Independent Director, Chair of Quality, Safety and Experience Assurance Committee, People and Education Assurance Committee member and NED Diversity and Inclusion Champion (steps down 31 December 2024 having served seven years).

Committee recommendations for recruitment of two new NEDs has been informed by succession planning analysis conducted by the Corporate Affairs Team at GOSH.

NED Succession Planning

When considering succession planning of NEDs on the Board it is important to consider the experience and knowledge of the Board as a whole (NEDs and executive directors). Every two years, the Board refreshes the experience and knowledge audit and reviews this between these updates. The latest

results of the experience and knowledge audit were shared with the Council Nomination and Remuneration Committee to help inform their discussion.

The Council Nominations and Remuneration Committee met on 5 October 2023, chaired by Sir Mike Rake with four governors and Ellen Schroder, incoming Chair (currently Associate NED), in attendance. Upon consideration of the results from the Board experience and knowledge audit, the Committee recommends the following to the Council of Governors:

- It is essential that the Trust consider both the suitability and diversity of non-executive directors, so that they reflect the workforce and respective communities served by the Trust Board.
- **Chris Kennedy** is due to step down from the Board in the next 6 months and it is proposed that a recruitment process is conducted between January and May 2024 for a new NED:
 - **Chris Kennedy** has a strong financial background and is a member of the Audit Committee and Finance and Investment Committee. The Committee proposes that consideration is given to seeking a new NED with a strong recent and relevant financial background (but not an accountancy qualification noting we have a NED with this qualification on the Board as well as the Chief Finance Officer). The Committee felt that the role should be advertised for someone who has worked at a strategic, multi-national commercial level (not NHS).
 - The Committee noted that there is slightly less cited experience/ knowledge amongst all Board members in the areas of '*IT infrastructure*', '*digital innovation*', and '*cyber security risk management*'. The Committee agreed that this is a particularly key area for the delivery of the Trust strategy and reflected on the programmes of work underway to harness the power of data and technology with external partners (for the treatment of childhood diseases). It was noted that Suzanne Ellis had recently been appointed with strong transformational and digital experience and the Committee agreed that for the NED replacing Chris Kennedy, as well as a strong financial background at a multi-national level, experience in technology (system or product based) would be an additional advantage for the Board. Experience of operations in the Middle East (noting our private work in this location) could be desirable but not essential.
- **Amanda Ellingworth** is due to step down from the Board later in 2024 and it is proposed that a recruitment process is conducted between January and May 2024 to appoint a candidate to sit alongside Amanda Ellingworth (as an Associate NED - see below) until Q3 2024/25 after which they will take her place on the Board:
 - **Amanda Ellingworth** has considerable experience in social work and the third sector. She currently sits as the Deputy Chair and Senior Independent Director and is chair of the Quality, Safety and Experience Assurance Committee. Consideration is given to seeking a NED who has a clinical background (doctor, nurse, allied health professional, or healthcare scientist) working at a senior strategic/ political level and across the NHS who understands the new integrated care NHS landscape in which GOSH is operating. Experience of working with children, young people and disadvantaged groups will be beneficial but not essential.

- Other competencies to consider:
 - There is less knowledge and experience in broader '*corporate social responsibility*' across the NEDs and executives and this, along with sustainability, could be an area to explore with all new NED appointments. This is incredibly important in relation to delivery of the Trust strategy within a reframed local and regional NHS landscape.

The Trust Board met on 18th October 2023 and discussed the recommendations for the two NED roles. The Board supported the proposals from the Council Nominations and Remuneration Committee. The Board noted that with Sir Mike Rake and Chris Kennedy departing the Board within five months of one another, that the Board would lose experience in the application of safety systems in high-risk service areas (the airline industry in this case). As such it was suggested that this matter be drawn out in the finance person specification as 'desirable'.

Application of Associate NED model

In all instances, the Board and Council has previously agreed to use the Associate non-executive directors (Associate NEDs) model, allowing the successful NED candidates to sit on the Board as Associate NEDs for induction purposes prior to departure of the substantive NEDs listed above.

Associate NEDs are not directors of the Trust and do not have the associated rights (including voting rights) or liabilities. They operate as a full member of the team but without the same degree of accountability. An Associate NED will receive access to all Board and committee meetings and papers. The time commitment is 2.5 days a month and most of the same terms and conditions apply to the role as for a substantive non-executive director. The Trust has successfully appointed three Associate NEDs in the past which has worked well and enabled a smooth transition into the relevant substantive roles.

It is proposed that an Associate NED automatically migrates to substantive NED position without the need for any further recruitment process, subject to continued satisfactory performance.

Action for the Council of Governors:

The Council of Governors is asked to approve the following recommendations:

- Note the work of the Council Nominations and Remuneration Committee and its consideration of the results of the succession planning analysis.
- Recruit to two NED positions at the same time, from a wider pool of diverse candidates:
 - Recruit one substantive NED to commence from 01 April 2024 (to replace Chris Kennedy) – applying the recommended competences outlined above.
 - Recruit another substantive NED to commence later in 2024 (to replace Amanda Ellingworth) – applying the recommended competences outlined above.
- Use the Associate NED role where required (and as outlined above) allowing the successful candidate to sit on the Board as an Associate NED for induction purposes prior to departure of the substantive NEDs listed above.

NED Recruitment Process

It is proposed that a NED recruitment process is conducted for the two NED roles between October 2023 and February 2024. The Code of Governance provides a high-level overview of the principles of an effective NED appointment process and the provisions are attached as **Appendix 4**. The appointment of a NED will be made on merit, based on objective criteria following open competition. The process will be formal, rigorous, and transparent and in line with the above provisions.

NED Competencies, draft job description and person specification

The Associate NED role description and NED role description is attached as **Appendix 2** and the salary is £6,500/ per annum (Associate NED) and £13k per annum (NED). This was approved by the Council of Governors in November 2021 and is in line with NHS England remuneration guidance.

NED Terms and Conditions

The Council of Governors has previously agreed the terms and conditions of service for NEDs in April 2022. These have been reviewed and refreshed and are attached at **Appendix 3**. A minor addition has been included using tracked changes which related to the way the Trust is required to process Fit and Proper Persons Test information in accordance with NHS England guidance.

Recruitment Consultant

As with previous Chair and NED appointments at GOSH, it is proposed to tender for an external recruitment agency to run the recruitment process. It is essential that the external agency:

- Has extensive experience of reaching into different communities and attracting candidates from diverse backgrounds.
- Has a robust understanding and appreciation of the importance of the Trust's profile and reputation as an NHS Foundation Trust and international centre of excellence for paediatric healthcare.
- Recognises the importance of the relationships with GOSH's key stakeholders, and the stature and significant experience required of a candidate to undertake the NED role at GOSH.

All these matters will be tested at a tender recruitment exercise. Following the exercise, the Trust will confirm the appointment of the recruitment agency to the Council of Governors Nominations and Remuneration Committee and Council of Governors.

Administration of the Recruitment Process

The appointment process will be led by the Trust Chair with administrative support from the Company Secretary and Deputy Company Secretary.

Advertisement: Once the recruitment agency is confirmed, the Trust will work with the agency to agree where the post will be advertised. Popular advertising streams include following website:

- Public Appointments website <http://publicappointments.cabinetoffice.gov.uk/>
- NHS England: <https://www.england.nhs.uk/non-executive-opportunities/>

- Great Ormond Street Hospital for Children NHS Foundation Trust website www.gosh.nhs.uk
- Recruitment Agencies global website.

The positions will be advertised for a minimum of 6 weeks.

Candidate selection: Following a detailed executive search and recruitment process, the recruitment agency will be asked to present a comprehensive analysis of candidates who have applied for the NED position/s. The analysis will comprise candidates' applications long with an overarching summary that will grade and rank candidates into a number of provisional categories for the panel's consideration. The selection panel will then conduct a longlist meeting where all applications received will be duly considered with a view of starting to select high value individuals to take forward further in the process via detailed assessment discussions. A subsequent shortlisting meeting will then take place where the panel will select a handful of senior candidates to invite to final interview.

The role of the interview panel is to make a recommendation to the Council Nominations and Remuneration Committee for a preferred candidate to be appointed to the roles. The Code of Governance 2023 states that governors and/or independent members should be in the majority on the committee and the interview panel. The Code also states for Foundation Trusts:

Best practice is that the selection panel for a post should include at least one external assessor from NHS England and/or a representative from the ICB, and the foundation trust should engage with NHS England to agree the approach.

On this basis and noting the Trust will be seeking to appoint two NEDs during this recruitment process, the Trust proposes to request one external assessor from the North Central London Integrated Care Board and allow them voting rights on the panel.

Interviews: The formal interviews will likely take place over two days as the process will include stakeholder panels, a tour of the hospital and the formal interview:

- **Stakeholder meetings:** Each candidate will be required to attend a stakeholder panel to meet with key members of partner organisations and other internal stakeholders. The purpose of the stakeholder panel meeting is to provide an opportunity for candidates to explore matters of interest prior to their final interview. Importantly, it also provides stakeholders with the opportunity to meet candidates and assess how they engage with different groups in an informal setting.
- **Tour of the Hospital:** On the day of the interview, candidates will be offered a tour of the hospital to inform their interview.
- **Interviews:** It is proposed the following individuals will comprise the final interview panel:
 - Trust Chair (Chair of Interview Panel) (voting)
 - Lead Governor (voting)
 - Three (out of the five) members of the Council of Governors' Nomination & Remuneration Committee (voting)
 - An independent member from the ICB (voting).

The Recruitment Adviser and Company Secretary will also be in attendance as observers and for advice.

Prior to the interviews, the Interview Panel will decide on a series of questions and areas for discussion with candidates (related to the person specifications), ensuring that the interviews are consistent, fair and transparent. Documentation will be provided to panel members to ensure all agreed criteria are fairly assessed. At interview, candidates will be asked questions to assess whether they can demonstrate the required skills and expertise required for the Chair role. The selection process will ensure that the interview panel tests all relevant criteria.

Decision and Recommendation of appointee: The Interview Panel will seek to arrive at an agreed decision on a preferred candidate at the conclusion of the final interview process. Any provisional offer will be subject to a range of appropriate checks including two detailed references (in writing), a DBS check and assessment against the Fit and Proper Person assessment criteria, which may include qualification checks. It will also be subject to endorsement by the Council of Governors' Nominations & Remuneration Committee and the full Council of Governors.

Proposed recruitment timetable

A draft recruitment timetable is proposed below.

- **October – December 2023:** Procurement of the recruitment agency gets underway
- **9 November 2023:** Approval of the recruitment process sought at the Council of Governors meeting
- **December 2023 – January 2024:** Advert published and is available for candidates to apply over Christmas
- **Mid-January 2024:** Applications deadline
- **Third week January 2024:** Longlist agreed by Council Nominations and Remuneration Committee.
- **Following longlisting:** Recruitment consultants hold assessment interviews with short-listed candidates.
- **First week February 2024:** Council Nominations and Remuneration Committee agrees final short-list.
- **w/c 12 February 2024:** Final interviews and stakeholder panel.
- **Thursday 22 February 2024:** Council considers approval of new NED/s on the Trust Board.

Action for the Council of Governors:

The Council of Governors is asked to:

- Note the proposal to tender for a recruitment agency to undertake the NED recruitment process.
- Approve the revised terms and conditions for a Non-Executive Director.
- Approve the proposed recruitment process and timetable.

Draft succession plan for NEDs at GOSH – September 2023

The purpose of this document is to present different options for dispersing NED appointments to help avoid periods of time where a number of NEDs reach the end of their second terms on the Board. Under the Constitution, the Chair and NEDs are allowed to serve 2 x three-year terms and be extended for one year or more under exceptional circumstances upon the approval of the Council.

A plan is proposed for consideration by the Chair and Deputy Chair to support a more consistent turnover of NEDs going forward through:

- Initial phasing of NED tenures and use of extensions of 1 year each time (subject to approval by the Council and in exceptional circumstances such as the need to support Board stability).
- The use of Associate NED status to bring new NEDs on to the Board early and provide time for induction.
- Where possible, recruit two NEDs under any one recruitment process (as this would be financially efficient and potentially be more attractive to a broader range of candidates).

This proposed plan seeks to smooth out the number of NEDs leaving over the next **2 years** and supports a more consistent and phased turnover of NEDs. This option proposes an extension to Amanda Ellingworth and Kathryn Ludlow for one year each and leaving a reasonable gap between the end of their tenures

	01 Oct 2023	01 April 2024	01 Jan 2025	01 Oct 2025	01 July 2028	30 Sep 2028	01 Nov 2029	01 Apr 2030	01 Jan 2031	06 Sep 2031
Mike Rake	End of Term Two on 23 October 2023									
Russell Viner (Appointed by UCL)	Term ending early in 2024. (Scheduled end of Term Two (6 years) was due to be on 30 April 2026)									
Chris Kennedy	End of Term Two on 31 March 2024									
Amanda Ellingworth	End of Extension on 31 December 2024									
Kathryn Ludlow	End of extension on 5 September 2025 (for approval by Council in November 2023)									
Gautam Dalal	End of Term 2 (6 years) on 30 June 2028									
Suzanne Ellis	End of Term 2 (6 years) on 30 September 2028									
Ellen Schroder	End of Term 2 (6 years) ends: 31 October 2029									
New Appointed UCL NED	New Appointed NED (replaced Russell Viner) – Term 2 (6 years) ends: 31 March 2030									
New NED	New NED (replaces Chris Kennedy) – Term 2 (6 years) ends: 31 March 2030									
New NED	New NED (replaces Amanda Ellingworth) – Term 2 (6 years) ends: 31 December 2030									
New NED	New NED (replaces Kathryn Ludlow) – Term 2 (6 years) ends: 05 September 2031									



NHS

**Great Ormond Street
Hospital for Children**

NHS Foundation Trust

JOB DESCRIPTION

Job title: Associate Non-Executive Director / Non-Executive Director (delete as appropriate)

GOSH profile

Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) is an international centre of excellence in child healthcare. GOSH is an acute specialist paediatric hospital with a mission to provide world-class care to children and young people with rare, complex and difficult-to-treat conditions.

Together with our research partner, the UCL Great Ormond Street Institute of Child Health, we form the UK's only academic Biomedical Research Centre specialising in paediatrics. Since its formation in 1852, the hospital has been dedicated to children's healthcare and to finding new and better ways to treat childhood illnesses.

Great Ormond Street Hospital receives nearly 300,000 patient visits (inpatient admissions or outpatient appointments) every year (figures from 2018/19). Most of the children we care for are referred from other hospitals throughout the UK and overseas. There are 60 nationally recognised clinical specialities at GOSH; the UK's widest range of specialist health services for children on one site. More than half of our patients come from outside London and GOSH is the largest paediatric centre in the UK for services including paediatric intensive care and cardiac surgery.

Through carrying out research with the UCL Great Ormond Street Institute of Child Health, University of London and international partners, GOSH has developed a number of new clinical treatments and techniques that are used around the world.

The UK's only academic Biomedical Research Centre (BRC) specialising in paediatrics is a collaboration between GOSH and UCL Great Ormond Street Institute of Child Health. We are a member of University College London (UCL) Partners, joining UCL with a number of other hospitals – an alliance for world-class research benefitting patients.

In partnership with six other NHS trusts, we are the lead provider for North Thames Genomics Medicine Centre, part of the national 100,000 Genomes Project.

Great Ormond Street Hospital at a glance

GOSH provides over 60 different specialist and sub-specialist paediatric health services. This was the widest range on any single site in the UK.

GOSH had more than 60 YPF members, who were involved in 89 activities.

GOSH employed an average of 5,357 full time equivalent staff in 2022/23.

By the end of 2022/23 GOSH had stopped purchasing Desflurane anaesthetic medical gas, contributing to lower emissions.

2022
/23

GOSH had 50 YPAG members, who gave feedback and had input into 45 research projects.

GOSH had 2,217 participants in 933 active research studies.

The GOSH Learning Academy offered over 17,000 additional learning opportunities, more than 10 times the target.

98% of inpatients and 95% of outpatients would recommend GOSH.

GOSH had 44,994 inpatient and day cases. And 238,719 outpatient attendances.

Volunteers contributed 10,260 hours, equating to approximately £123,000 of donated time.

Great Ormond Street Hospital Culture and Values

The Trust has developed the Always Values with our staff, patients and families that characterise all that we do and our behaviours with our patients and families and each other.

Our Always Values are that we are:



Diversity & Inclusion

Here at GOSH, we believe that improving lives for our patients begins with improving how we learn, work and grow as colleagues. So, we're changing. We know that we need to develop a more inclusive culture where everyone feels seen and heard. By growing an ever more diverse workforce, we'll have a greater range of perspectives and knowledge in our GOSH community, meaning that we can provide the children and young people at our hospital with even better care. At GOSH we have opportunities for our staff to engage with colleagues through the following networks: REACH (Race, Ethnicity and Cultural Heritage) ENABLED (Enhancing Abilities & Leveraging Disabilities Network), PRIDE & Women's networks.

Job title	Non-Executive Director
Directorate	Corporate Affairs
Band	N/A
Supervised by	Trust Chair
Type of contract	Associate or Substantive
Days per month	2.5 days
Location	Barclay House, GOS
Budgetary responsibility	N/A
Manages	N/A

Job Summary

The successful candidate will initially be appointed as an Associate NED for a maximum of 6 months. The Associate Non-Executive Director (Associate NED) role is used successfully in the NHS to support Board succession strategy and achieve a balance of Board level skills. Subject to continued satisfactory performance, it is intended that the successful candidate will migrate into a substantive non-executive director role without the need for any further recruitment process.

For the avoidance of doubt, Associate Non-Executive Directors are not Directors of the Trust and do not have the associated rights or liabilities, instead they have the ability to learn and influence. They operate as a full member of the team but without the same degree of accountability.

The Trust Board is collectively responsible for the success of the Trust, including delivering high standards of clinical and corporate governance, responsibility for financial viability, using resources effectively in line with financial controls and ensuring value for money. For clarity, the responsibilities of an Associate NED and substantive NED are provided below:

Associate NED responsibilities

General responsibilities

- Support the Chair, Non-Executive Directors and Executive Directors in setting the strategic direction of the Trust.
- Uphold the Always Values of the Trust and champion an open, honest and transparent culture within the Board and the Trust.
- Ensure that the organisation promotes human rights and equality, diversity and inclusion for all its patients, staff and other stakeholders.
- Work positively and collaboratively with the Council of Governors to promote the success of the Trust.
- Support the Chair, Non-Executive Directors, Chief Executive and Executive Directors in the governance and stewardship of the Trust. Ensure effective stewardship through planning, strategy, control and value for money.
- Safeguard the good name and reputation of the Trust and be an ambassador for the Hospital.
- Participate in ward/departmental visits and occasional external stakeholder meetings.

Board activities

- Prepare for, attend and contribute to Trust Board meetings, Council of Governors' meetings, and Board development activities.
-

- Support and challenge, where appropriate, the Chief Executive and other directors to ensure that the Board conforms to the highest standards of corporate governance and makes appropriate decisions.
- To the extent that the required time commitment allows, participate in those activities where it has been agreed that Associate Non-Executive Directors' involvement would bring an external and independent perspective.
- Provide advice and guidance on issues relevant to their own skills, expertise and experience.
- Meet periodically with the Trust Chair/ Non-Executive Directors in the absence of Executive Directors to discuss issues of interest or concern.
- Participate in any Trust Board induction, training and evaluation identified as an individual and as part of the Board or committee.
- Participate in an annual review and appraisal of own performance with the Chair and contribute to both the annual appraisal of the Chair and Executive Directors, and periodic reviews of the performance of the Board.
- Take opportunities to develop and refresh knowledge and skills and remain well informed of the main areas of the NHS Foundation Trust's activity.

Council of Governors' activities

- Build and maintain close relations between the foundation trust's constituencies, and stakeholder groups to promote the effective operation of the trust's activities.
- Attend Council of Governors' meetings and maintain regular contact with governors to understand their issues and concerns, feeding back these comments/ concerns to the Trust Board.

Non-Executive Director Responsibilities

Non-Executive Directors work alongside other Non-Executive and Executive Directors as an equal member of the Board. A NED at GOSH plays a crucial role in bringing an independent perspective to the Board in addition to any specific knowledge and skills.

General responsibilities

- Support the Chair, Non-Executive Directors and Executive Directors in setting the strategic direction of the Trust.
 - As a member of the Board, set the Trust's values and standards. Uphold the Always Values of the Trust and champion an open, honest and transparent culture within the Board and the Trust.
-

- Ensure the Trust complies with the Terms of Authorisation, the Constitution and any other applicable legislation and regulations, including the maintenance of mandatory services and retention of property.
- Ensure that the organisation promotes human rights and equality, diversity and inclusion for all its patients, staff and other stakeholders.
- Work positively and collaboratively with the Council of Governors to promote the success of the Trust.
- Set challenging objectives for maintaining and improving performance of the Trust and ensure effective implementation of the Trust Board decisions by the Chief Executive and the senior management team.
- Hold the Chief Executive and other directors to account for the effective management and delivery of the organisation's strategic aims and objectives, including achieving the Trust's commitment to patients by improving the quality of care, patient and family experience and meeting targets for treatment; and promoting and delivering against the Trust's sustainability plans.
- Ensure that quality and financial controls and systems of risk management are robust and that the Board is kept fully informed through timely and relevant information.
- Ensure, through the leadership of the Chief Executive, that reporting lines and accountabilities are robust and support the effective oversight of the organisation including the development of effective risk and performance management processes
- Safeguard the good name and reputation of the Trust and be an ambassador for the Hospital. Represent the Trust with international, national, regional or local bodies or individuals, to ensure that the views of a wide range of stakeholders are considered.
- Ensure that the Board, and the organisation, observe the Secretary of State's and other government policies and priorities, including regulatory requirements and the Code of Governance and Codes of Conduct and Accountability.

Board activities

- Ensure the appropriate delegation of authority from the Board to the senior management team.
 - Support and challenge, where appropriate, the Chief Executive and other directors to ensure that the Board conforms to the highest standards of corporate governance and makes appropriate decisions.
 - Meet periodically with the Trust Chair in the absence of Executive Directors to discuss issues of interest or concern.
 - With the Board nomination committee, initiate change and succession planning for executive director appointments which can meet the needs of the Foundation Trust.
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- With the Board remuneration committee, determine appropriate levels of remuneration for Executive Directors.
- Participate in the appointment and where necessary the removal of the chief executive and other executive directors, as appropriate.
- Participate in any Trust Board induction, training and evaluation identified as an individual and as part of the Board or committee.
- Work with the Senior Independent Director on the annual performance evaluation of the chair, in line with the process agreed by the Council of Governors and reporting back to the Council of Governors appropriately.
- Undergo an individual and board performance appraisal and attend any additional training highlighted as a result of the evaluation process.
- Take opportunities to develop and refresh knowledge and skills and remain well informed of the main areas of the NHS Foundation Trust's activity.

Council of Governors' activities

- Build and maintain close relations between the foundation trust's constituencies, and stakeholder groups to promote the effective operation of the trust's activities.
- Attend Council of Governors' meetings and maintain regular contact with governors to understand their issues and concerns, feeding back these comments/ concerns to the Trust Board.

Review

These role descriptions will be subject to review by the Trust Board and Council of Governors as appropriate.

Other information

Great Ormond Street Hospital for Children NHS Foundation Trust is a dynamic organisation, therefore changes in the core duties and responsibilities of this role may be required from time to time. These guidelines do not constitute a term or condition of employment.

Confidentiality

On appointment you may be given access to confidential information which must only be disclosed to parties entitled to receive it. Information obtained during the course of employment should not be used for any purpose other than that intended.

Human Rights Act

You are required to comply with the regulations of the Human Rights Act 1998 during the course of your appointment.

Sustainable Development



You will be required to demonstrate a personal commitment to the Trust's Sustainable Development Plan and to take personal responsibility for carrying-out your work duties in a way which is compliant with this Plan.

The GOSH Learning Academy (GLA)

Staff education and training influences every stage of the patient journey. Be it the communication skills of the medical secretary planning a patients' stay, the multi-professional team caring for them on the ward, the leadership skills of our corporate and operational teams, or the administrator planning their transport home – each member of staff needs the up-to-date knowledge, skills, and capabilities to provide our patients with exceptional care. We have a number of opportunities for staff available through the [GOSH Learning Academy](#):

GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST TERMS AND CONDITIONS FOR CHAIR/ NON-EXECUTIVE DIRECTORS

These are the terms and conditions under which your appointment has been made. These are the standard terms and conditions for a Non-Executive Director of Great Ormond Street Hospital for Children NHS Foundation Trust (the "Foundation Trust"). It is important that you read these carefully and contact the Company Secretary should you have any queries. Please indicate your acceptance of these terms and conditions by signing one copy and returning to the Company Secretary.

From ADD DATES, you will be initially appointed as an Associate Non-Executive Director, and, subject to a satisfactory appraisal, automatically be appointed as a substantive Non-Executive Director for an initial tenure of 3 years.

1. Statutory basis for appointment

- 1.1. Non-executive directors hold a statutory office under the National Health Service Act 2006. The appointment and tenure of office are governed by the requirements of the Act and the Foundation Trust's Constitution. Your appointment is made by the Council of Governors. It does not create any contract of employment. This document is a contract for services and not a contract of employment between you and the Foundation Trust.

2. Tenure of office

- 2.1. The length of appointment will be determined by the Council of Governors in accordance with the requirements of the Foundation Trust Constitution and the NHS Foundation Trust Code of Governance.
- 2.2. Your tenure of appointment as an Associate Non-Executive Director shall be from **DATE** until **DATE**
- 2.3. Your transition to a substantive Non-Executive Director position on the Board is contingent on your satisfactory performance and an appraisal conducted by the Chair in accordance with a process agreed by the Council of Governors.
- 2.4. Your tenure of appointment as a Non-Executive Director will be for an initial period of three years from the date of appointment in this role and subject to the termination provisions set out at paragraph 18.

3. Appointment

- 3.1. Your appointment is subject to the Foundation Trust's Constitution. Nothing in these terms and conditions shall be taken to exclude or vary the terms of the Constitution as they apply to you as a Non-Executive Director of the Foundation Trust. Your appointment is also subject to the Job Description approved by the Council of Governors and to the Foundation Trust's Code of Conduct as amended from time to time.

4. Fit & Proper Person Test (Regulation 5, Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended from time to time))

- 4.1. All providers are required to demonstrate that appropriate processes are in place to confirm that directors are of good character, hold the required qualifications and have the competence, skills and experience required which may include appropriate communication and leadership skills, as well as a caring and compassionate nature.
- 4.2. The fitness of directors will be regularly reviewed on appointment and thereafter. In addition, non-executive directors have a responsibility to report any mismanagement or misconduct issues to the Chair of the Foundation Trust Board or, in the case of the Chair to the Senior Independent Director.
- 4.3. You warrant that you are a fit and proper person as defined by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended or supplemented from time to time) to hold a Board level appointment within the Foundation Trust.
- 4.4. You understand that there is an on-going duty to advise the Foundation Trust immediately if you become aware of any facts or circumstances that may mean you are no longer a fit and proper person to hold the role of Non-Executive Director of the Foundation Trust and agree to do so.
- 4.5. You understand that all directors have a collective and individual responsibility to help ensure the Foundation Trust complies with its obligations under this law. You also understand that there is an on-going duty to advise the Foundation Trust immediately if you become aware of any facts or circumstances that may mean another Executive or Non-Executive Director of the Foundation Trust is no longer a fit and proper person to hold the position which they hold within the Foundation Trust and agree to do so.
- 4.6. You understand that in the event the Foundation Trust has reason to believe at any time that you may not be a fit and proper person then it may suspend you from any or all of your duties pending investigation, the outcome of which may result in your removal from your role.

4.6.4.7. You understand that the Electronic Staff Record (ESR) system will be used to store information related to Fit and Proper Persons Test checks and reference and that you will be provided with a privacy notice explaining the personal data the Trust will need to process and the legal basis for processing.

5. Role and responsibilities

- 5.1. Your role and responsibilities are set out in the job description attached to these terms and conditions of service.

- 5.2. You will be expected to perform your duties, whether statutory, fiduciary or common-law, faithfully, efficiently and diligently to a standard commensurate with both the functions of your role and your knowledge, skills and experience.
- 5.3. You will exercise your powers in your role having regard to relevant obligations under prevailing law and regulation, including the NHS Foundation Trusts Code of Governance, the Foundation Trust Constitution, the Role Description approved by the Council of Governors and any relevant Codes of Conduct and Foundation Trust or Department of Health guidance (or similar) in force from time to time, including the Department of Health's Code of Conduct & Accountability for NHS Boards.
- 5.4. You will have particular regard to the general duties of Directors, set out in the Foundation Trust Constitution, including the duty to promote the success of the Trust so as to maximise the benefits for the general public and the Foundation Trust's members.

6. Time commitment

- 6.1. You will be expected to devote such time as is necessary for the proper performance of your duties. You should be prepared to spend a minimum of 2 ½ days a month on Foundation Trust business. By accepting this appointment, you confirm that you have sufficient time to undertake your duties and have informed the Foundation Trust of your existing significant commitments prior to taking up the position. Any future changes to your other significant commitments should be reported to the Company Secretary.
- 6.2. The nature of the role makes it impossible to be specific about the maximum time commitment, and there is always the possibility of additional time commitment in respect of preparation and ad hoc matters which may arise from time to time, and particularly when the Foundation Trust is undergoing a period of increased activity. At certain times it may be necessary to convene additional Board, committee or Council of Governors meetings.

7. Remuneration

- 7.1. The annual fee rate as an Associate Non-Executive Director at the date of this document is £6,500 gross per annum, paid in arrears on the last working day of each working month by direct credit (exceptions may apply when the last working day falls on a Bank Holiday).
- 7.2. The annual fee rate as a Non-Executive Director at the date of this document is £13,000 gross per annum, paid in arrears on the last working day of each working month by direct credit (exceptions may apply when the last working day falls on a Bank Holiday).
- 7.3. You are only entitled to receive remuneration in relation to the period in which you hold office. This fee covers all duties, including service on any Board committee.

- 7.4. All fees will be paid through PAYE and are subject to income tax and other statutory deductions.
- 7.5. There is no entitlement to compensation for loss of office. In accordance with the Constitution, remuneration for Non-Executive Directors will be set by the Council of Governors and is subject to periodic review.
- 7.6. In line with the requirements of the Health & Social Care Act, information on Directors' remuneration must be included in the Trust's Annual Report & Accounts.

8. Expenses

- 8.1. You are eligible to claim the reasonable and properly-documented travel and other expenses you incur in performing the duties of your office at the rates set by the Foundation Trust and in accordance with Foundation Trust policy and procedure.
- 8.2. In line with the requirements of the Health & Social Care Act, information on Directors' remuneration must be included in the Trust's Annual Report & Accounts.

9. Eligibility for NHS Pension

- 9.1. As an Associate Non-Executive Director/ Non-Executive Director of the Foundation Trust, you are not eligible to join the NHS Pension Scheme.

10. Induction

- 10.1. After the commencement of your appointment, the Trust will ensure you receive a formal and tailored induction.

11. Reappointments

- 11.1. The Foundation Trust Constitution requires Non-Executive Directors to be appointed following a process of open competition (or in the case of the university appointed non-executive director, nomination by the University of London and approval by the Council of Governors). You are eligible to stand for reappointment for a further three years appointment¹, subject to:
 - 11.1.1. satisfactory appraisals during your initial term.
 - 11.1.2. meeting all relevant requirements of the Foundation Trust Constitution.
- 11.2. There is no automatic right to be reappointed and any decision will be made by the Council of Governors in accordance with the process set out in the Foundation Trust's

¹ In exceptional circumstances, the Council of Governors may agree that you serve one or more defined additional periods, up to a maximum of nine years in aggregate. The additional approved periods will be reviewed by the Council annually and subject to 11.1.1 and 11.1.2 above.

Constitution. The Council of Governors will consider performance during the initial term, the knowledge, skills and experience required by the Trust Board, the requirements and interests of the Foundation Trust and the requirements of the NHS Foundation Trust Code of Governance in relation to maximum tenure. Any re-appointment is subject to your continued eligibility under the criteria set out in the Foundation Trust's Constitution.

11.3. If the Council of Governors does not re-appoint you at the end of your term, your appointment shall terminate automatically, with immediate effect and without compensation.

12. Confidentiality

12.1. All information acquired during your appointment is confidential to the Foundation Trust and should not be released, communicated or disclosed to third parties or used for any reason other than in the interests of the Foundation Trust, either during your appointment or following termination (by whatever means), without prior clearance from the Trust Board.

12.2. Your attention is also drawn to the requirements under both legislation and regulation as to the disclosure of inside information. Consequently, you should avoid making any statements that might risk a breach of these requirements without prior clearance from the Foundation Trust Board.

12.3. You acknowledge the need to hold and retain Foundation Trust information (in whatever format you may receive it) in line with Trust policy.

12.4. You hereby waive all rights arising by virtue of Chapter IV of Part I of the Copyright Designs and Patents Act 1988 and moral rights in respect of all copyright works created by you in the course of performing your duties hereunder.

12.5. For the avoidance of doubt, nothing in this agreement restricts or otherwise affects your ability to make a protected disclosure under the Public Interest Disclosure Act 1998 and your attention is drawn to the Foundation Trust's whistleblowing policy which is available from the Company Secretary.

13. Public speaking

13.1. On matters affecting the work of the Foundation Trust, the Non-Executive Director should not normally make political speeches or engage in other political activities. In cases of doubt, the guidance of the Company Secretary or Director of Communications should be sought.

14. Independent Legal Advice

14.1. In some circumstances you may consider that you need professional advice in the furtherance of your role and it may be appropriate for you to seek advice from independent advisors. The Company Secretary will provide information on instructing solicitors.

15. Conflict of interest

15.1. A Non-Executive Director is required to comply with and adhere to the relevant provisions on conflicts of interest as set out in the Foundation Trust Constitution. The Foundation Trust Constitution requires Board Directors to declare any pecuniary, personal or family interest, whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Board of Directors. Further details can be found in Annex 9 of the Trust Constitution.

Further guidance on the relevance of an interest is available from the Company Secretary.

16. Gifts and inducements

16.1. It is an offence for you to accept any gifts or consideration as an inducement or reward for:

- doing, or refraining from doing, anything in your official capacity; or
- showing favour or disfavour to any person in your official capacity.
- You may only receive hospitality which is in line with the Trust Policy and free of any impropriety.
- Any hospitality received must be declared and entered into the Hospitality Register.
- You will at all times comply with and notify the Foundation Trust with any breaches or potential breaches of the Bribery Act 2010 as amended from time to time.
- You are required to comply with the Foundation Trust's Declaration of Interest and Gifts and Hospitality Policy.

17. Resignation

17.1. You may resign at any time by giving at least three months' notice in writing to the Chair and Company Secretary.

18. Termination of appointment

18.1. The Trust may terminate your term of office if:

- 18.1.1. You have been adjudged bankrupt or your estate sequestrated and (in either case) you have not been discharged.
- 18.1.2. You have made a composition or arrangement with, or granted a trust deed for, your creditors and have not been discharged in respect of it.
- 18.1.3. Within the preceding five years you have been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on you.
- 18.1.4. You have been required to notify the police of your name and address as a result of being convicted or cautioned under the Sex Offenders Act or other relevant legislation or whose name appears on the Protection of Children Act List.

18.2. Further provisions as to the circumstances where your terms of office may be terminated are outlined in Annex 7 of the Trust Constitution. Other examples of matters which may indicate to the Trust that it is no longer in the interests of the Health Service and/or the Foundation Trust that an appointee continues in office are provided at Annex 1 of this document.

18.3. Any removal of a Non-Executive Director will be carried out in accordance with the Foundation Trust Constitution.

19. Indemnity

19.1. The Foundation Trust will indemnify you against personal civil liability which you may incur in whilst carrying out your Board functions, providing that at the time of incurring the liability, you were acting honestly and in good faith, and not recklessly.

19.2. The Foundation Trust has directors' and officers' liability insurance in place and it is intended to maintain such cover for the full term of your appointment.

20. Disclosure and Barring Service (previously CRB)

20.1. You agree at the request of the Foundation Trust to undergo a Disclosure and Barring Service (DBS) check, to provide any relevant information to the DBS and to submit any necessary documentation to the DBS to enable such a check to be made. This obligation extends to processing any requests for criminal record checks, enabling the DBS to decide whether it is appropriate for you to be placed on or removed from a barred list or placing you on or removing you from the DBS children's barred list and adults barred list for England, Wales and Northern Ireland.

20.2. You must promptly respond to any communications from the DBS and provide the Chair with a copy of any correspondence of such nature as soon as it is received. The Chair will deal with such matters in confidence and with a view to ascertaining whether it may indicate that you may not be a fit and proper person for your post when dealing with the DBS.

20.3. This process is carried out on appointment and is repeated every 3 years or when required.

20.4. You are required to report any police caution or conviction that may occur at any time during your appointment. The Foundation Trust reserves the right to withdraw any offer of appointment made on the basis of the outcome of a DBS check.

21. Trust Property

21.1. On request and in any event on termination of your office for any reason you are required to return to the Foundation Trust all Foundation Trust property which may be in your possession or under your control including but not limited to your security pass and all keys, computer hardware and software provided by the Foundation Trust and you shall not retain any copies thereof.

21.2. All documents, equipment, manuals, hardware and software provided to you by the Foundation Trust, and any data or documents (including copies) produced, maintained or stored on the Foundation Trust's computer systems or other electronic equipment (including mobile phones), remain the property of the Trust.

22.Data protection

22.1. The Foundation Trust will hold, collect, and process information about you in accordance with its privacy notice, a copy of which shall be provided to you.

22.2. You will comply at all times with the Foundation Trust's Information Governance Policies.

22.3. When handling personal data in connection with your appointment by the Foundation Trust in accordance with these terms and conditions, you shall:

22.3.1. Comply with the applicable Foundation Trust policies on data protection and information security, including personal data relating to any employee, patient, supplier or agent of the Foundation Trust.

22.3.2. Comply with your obligations under Data Protection Law

22.3.3. Notify the Foundation Trust promptly within 24 hours of any actual, threatened or suspected personal data breach (as defined in Data Protection Law) and provide such information as the Foundation Trust may require in respect of any such incident, and

22.3.4. Provide all necessary information and assistance to the Foundation Trust in order for the Foundation Trust to comply with its obligations under Data Protection Law.

22.4. Failure to comply with the Foundation Trust's policies on data protection and information security, including failure to report a personal data breach, may lead to your appointment under these terms and conditions being terminate.

22.5. For the purposes of this paragraph, "personal data breach" means a breach of security

leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data being processed by the Foundation Trust.

22.6. You shall indemnify and hold harmless the Foundation Trust from and against any and all claims, causes of action, proceedings, losses, liabilities, damages, fines, costs (including settlement costs), legal costs (including any professional fees and any VAT thereon) and court costs and other expenses which arise directly or indirectly out of a breach of Data Protection Law or this paragraph.

22.7. For the purposes of this paragraph, "Data Protection Law" means the General Data Protection Regulation 2016/679 and Data Protection Act 2018 (or all legislation enacted in the UK in respect of the protection of personal data) and the Privacy and Electronic Communications (EC Directive) Regulations 2003, and any guidance or codes of practice issued by the Information Commissioner from time to time (all as amended, updated or re-enacted from time to time).

23. Rights of third parties

23.1. The Contracts (Rights of Third Parties) Act 1999 shall not apply to this document. No person other than you and the Foundation Trust shall have any rights under this agreement and the terms of this agreement shall not be enforceable by any person other than you and the Foundation Trust.

24. Law

24.1. Your engagement with the Foundation Trust is governed by and shall be construed in accordance with the laws of England and your engagement shall be subject to the jurisdiction of the courts of England.

24.2. This letter constitutes the entire terms and conditions of your appointment and no waiver or modification thereof shall be valid unless in writing and signed by the parties hereto.

I agree to accept the post on the terms and conditions as set out above

.....
Signed

.....
Dated

Attachment M; Appendix 3

Draft September 2023

Annex 1

The following list provides examples of matters which may indicate to the Trust that it is no longer in the interests of the Health Service and/or the Foundation Trust that an appointee continues in office. This list is not intended to be exhaustive or definitive and the Foundation Trust will consider each case on its merits, taking account of all relevant factors. Further examples can be found in Annex 7 of the Trust Constitution.

- If you no longer enjoy the confidence of the Council of Governors.
- If you no longer enjoy the confidence of NHS Improvement.
- If you fail to ensure that the Foundation Trust Board governs the performance of the Foundation Trust in an effective way.
- If you fail to deliver work against pre-agreed targets incorporated within your annual objectives.
- If you lose the confidence of the public or local community in a substantial way.
- If there is a terminal break down in essential relationships e.g. between you and the rest of the Foundation Trust Board and/or the Council of Governors.
- If you fail to meet the requirements of the Fit and Proper Person Test.

The Code of Governance 2023 provides a high-level overview of the principles of an effective NED appointment process.

Section C: Composition, succession and evaluation	
Provision	Content
2.1	The nominations committee or committees of foundation trusts, with external advice as appropriate, are responsible for the identification and nomination of executive and non-executive directors. The nominations committee should give full consideration to succession planning, taking into account the future challenges, risks and opportunities facing the trust, and the skills and expertise required within the board of directors to meet them. Best practice is that the selection panel for a post should include at least one external assessor from NHS England and/or a representative from a relevant ICB, and the foundation trust should engage with NHS England to agree the approach.
2.2	The nominations committee(s) should regularly review the structure, size and composition of the board of directors and recommend changes where appropriate. In particular, the nominations committee(s) should evaluate, at least annually, the balance of skills, knowledge, experience and diversity on the board of directors and, in the light of this evaluation, describe the role and capabilities required for appointment of both executive and non-executive directors, including the chair.
2.3	The chair or an independent non-executive director should chair the nominations committee(s). At the discretion of the committee, a governor can chair the committee in the case of appointments of non-executive directors or the chair.
2.4	The governors should agree with the nominations committee a clear process for the nomination of a new chair and non-executive directors. Once suitable candidates have been identified, the nominations committee should make recommendations to the council of governors.
2.5	Open advertising and advice from NHS England's Non-Executive Talent and Appointments team is available for use by nominations committees to support the council of governors in the appointment of the chair and non-executive directors. If an external consultancy is engaged, it should be identified in the annual report alongside a statement about any other connection it has with the trust or individual directors.
2.6	Where an NHS foundation trust has two nominations committees, the nominations committee responsible for the appointment of non-executive directors should have governors and/or independent members in the majority. If only one nominations committee exists, when nominations for non-executives, including the appointment of a chair or a deputy chair, are being discussed, governors and/or independent members should be in the majority on the committee and also on the interview panel.

2.7	When considering the appointment of non-executive directors, the council of governors should take into account the views of the board of directors and the nominations committee on the qualifications, skills and experience required for each position.
Statutory requirement	
2.12	The governors are responsible at a general meeting for the appointment, re-appointment and removal of the chair and other non-executive directors.
2.13	Non-executive directors, including the chair, should be appointed by the council of governors for the specified terms subject to re-appointment thereafter at intervals of no more than three years and subject to the 2006 Act provisions relating to removal of a director.
2.14	The terms and conditions of appointment of non-executive directors should be made available to the council of governors. The letter of appointment should set out the expected time commitment. Non-executive directors should undertake that they will have sufficient time to do what is expected of them. Their other significant commitments should be disclosed to the council of governors before appointment, with a broad indication of the time involved, and the council of governors should be informed of subsequent changes.

Council of Governors

09 November 2023

Appointment process for the University College of London nominated Non-Executive Director

Summary & reason for item:

The Council of Governors is responsible for:

- NED recruitment and recommending the appointment of the Chair and Non-Executive Directors to the Council of Governors for approval.

Professor Russell Viner was nominated (following a process) by University College London (UCL) and appointed by the Council of Governors for a three-year term on 01 May 2020. Professor Viner was then reappointed for a further three-year term on 01 May 2023. The Trust Chair has recently been advised that Professor Viner plans to step down from the Trust Board in early 2024 due to increasing personal workload commitments.

The [GOSH Constitution](#) (paragraph 24) provides for one Non-Executive Director on the GOSH Trust Board to be appointed by the University College of London (UCL):

24 Trust Board – qualification for appointment as a non-executive director

24.1 A person may be appointed as a non-executive director only if –

24.1.1 they are a member of the Public Constituency; or

24.1.2 they are a member of the Patient and Carer Constituency; or

24.1.3 where any of the Trust's hospitals includes a medical or dental school provided by a university, they exercise functions for the purposes of that university; and

24.1.4 they are not disqualified by virtue of paragraph 29 below or Annex 7.

The Constitution does not stipulate who the representative from the University must be, so long as this person exercises functions for the purposes of the University but the Trust has always had a nominee from GOS UCL Institute of Child Health (as this is our academic partner).

As in previous years, it is for the UCL to determine the process for nominating a candidate to sit as a non-executive director. The Trust Chair will contact the UCL President and Provost to ask that a process is conducted to nominate a candidate for approval by the GOSH Council of Governors (approval in February 2024).

Previously the UCL has advertised the role in the UCL School of Life and Medical Sciences fortnightly news bulletin. Applicants were asked to provide a copy of their CV and a covering letter stating how they meet the person specification. Interviews were held by the GOSH Senior Independent Director and the Faculty Dean.

The UCL nominated NED person specification is under review, and we plan to share this with the Council before the meeting.

Governor action required

To note the process for appointing a new nominated NED by UCL to replace Professor Russell Viner, effective from early 2024.

Report prepared by: Anna Ferrant, Company Secretary

Report presented by: Anna Ferrant, Company Secretary.

Council of Governors

09 November 2023

Extension of Tenure for a Non-Executive Director

Summary & reason for item:

The Council of Governors' Nominations and Remuneration Committee is responsible for recommending the extension of a Non-Executive Director tenure to the Council of Governors for approval.

Kathryn Ludlow, Non-Executive Director (NED) is due to come to the end of her current tenure in 05 September 2024 and the Committee are recommending an extension of one year until 05 September 2025 to support continuity on the Trust Board whilst replacements are being sought for two other experienced NEDs, Chris Kennedy and Amanda Ellingworth – see paper **attachment M** – as well as the replacement of the UCL nominated NED (Russell Viner – see **attachment N**). If approved by the Council of Governors, the extension will require approval from NHS England (a new requirement under the Code of Governance October 2022 – section C, 4.3).

The [Code of Governance 2023](#) states the following for the terms of NEDs:

4.3 Chairs or NEDs should not remain in post beyond nine years from the date of their first appointment to the board of directors and any decision to extend a term beyond six years should be subject to rigorous review. To facilitate effective succession planning and the development of a diverse board, this period of nine years can be extended for a limited time, particularly where on appointment a chair was an existing non-executive director. The need for all extensions should be clearly explained and should have been agreed with NHS England. A NED becoming chair after a three-year term as a non-executive director would not trigger a review after three years in post as chair.

By September 2024, Kathryn Ludlow will have served 6 years on the Trust Board (two terms). The Trust Chair has discussed the matter with Kathryn Ludlow who has agreed that if approved, she would be happy to accept a further extension of her tenure for one year, stepping down on 05 September 2025.

The extension meets the requirements in the [Trust Constitution](#) para 1.1.9 of Annex 7 that states:

The Chair and non-executive Directors shall be eligible for appointment for two three year terms of office. In exceptional circumstances, the Council of Governors may agree that a non-executive Director (or Chair) should serve one or more defined additional periods, up to a maximum of nine years in aggregate. The additional approved periods will be reviewed by the Council annually.

Governor action required

To consider the recommendation to extend Kathryn Ludlow's tenure for a further one year in post (until 05 September 2025) after which she will step down from the GOSH Board (and noting the extension is subject to approval by NHS England).

Report prepared by: Anna Ferrant, Company Secretary

Report presented by: Anna Ferrant, Company Secretary.

Council of Governors

09 November 2023

Trust Chair and Non-Executive Director Remuneration

Summary & reason for item:

The Council of Governors through its Council Nominations and Remuneration Committee is responsible for recommending remuneration levels for non-executive directors to the Council of Governors.

The Council Nominations and Remuneration Committee met in October 2023 to discuss and consider the Chair and NED remuneration in accordance with NHS England's guidance.

NHS England have a remuneration structure which seeks to align remuneration for Chairs and Non-Executive Directors of NHS trusts and NHS foundation trusts. GOSH is aligned to NHSE's structure but since its last review has moved into the 'extra-large' trust size bracket for remuneration ranges.

The paper sets out the background to changes in remuneration for the chair and non-executive directors, along with benchmarking from NHS Providers and some proposals to consider to make a recommendation to the Council of Governors.

Governor action required:

The Council of Governors is asked to review and consider the remuneration levels for the Trust Chair and Non-Executive Directors for 2023/24.

Report prepared by: Anna Ferrant, Company Secretary

Item presented by: Anna Ferrant, Company Secretary

Trust Chair and Non-Executive Director Remuneration

Background

When setting remuneration levels for the Trust Chair and Non-Executive directors the Trust is guided by [NHSE's remuneration guidance](#) which has the principle aims to:

- establish greater transparency, consistency and alignment in remuneration across provider trusts
- maintain proportionality in remuneration and avoid unnecessary future escalation
- effectively respond to current challenges associated with the attraction, recruitment and retention of chairs and non-executive directors, particularly within NHS trusts.

For **non-executive directors**, a single uniform annual rate of £13k will apply. Trusts also have local discretion to award limited supplementary payments of up to £2k per annum (to a maximum of two individuals for those NHS trusts in groups 1-3 below and three individuals for those in groups 4-5 below) in recognition of designated extra responsibilities such as chairing principal committees of the board and undertaking the duties of the senior independent director. When these responsibilities cease, remuneration will revert to £13k.

For **Trust Chairs**, it is intended that ranges will apply according to respective trust designations (i.e. groups 1 to 5) based on organisations' size (annual turnover) and complexity. Variation between lower quartile and upper quartile values should be a function of both the relative complexity of the role and the skills and experience of the chair. The ranges are consistent with the structure associated with Very Senior Manager (VSM) remuneration.

Circumstances may arise, that require special consideration of specific terms and conditions for chairs or non-executive directors. The Trust would be expected to explain their rationale for divergence from the structure, similar to the approach taken for explaining the rationale for the remuneration of CEOs and executives over £150k per annum.

NHSE remuneration ranges for Trust Chairs

Trust size	Annual turnover (£ pa)	Designation	Chair remuneration (£ pa)		
			Lower quartile	Median	Upper quartile
Small	<200m	Group 1	40,000	43,000	45,100
Medium	201m-400m	Group 2	44,100	47,100	50,000
Large	401m-500m	Group 3	45,000	49,500	51,400
Extra Large	501m-750m	Group 4	50,500	55,000	58,500
Supra Large	>750m	Group 5	55,500	60,000	63,300

The last review of remuneration was conducted in November 2019 at which time GOSH was a classed as a large NHS Foundation Trust. The Trust has now moved to the extra-large class (see below).

At the previous review of Chair and NED remuneration in November 2019 the Council of Governors approved to phase changes to remuneration for the Chair and NEDs at the time of appointment and reappointment to bring them in line with the recommended remuneration. However, the Chair and NEDs agreed to bring the changes in immediately. This saw a reduction in the Chair remuneration from £55,000 to £50,000 and NEDs from £14,000 to £13,000 (plus the discretionary reward (£2,000) in recognition of extra responsibilities such as SID and Deputy Chair).

Benchmarking – for information

NHSE’s guidance has not been updated since the last review in November 2019 however NHS Providers undertake an annual remuneration survey. The last survey was conducted in Spring 2022 and included an overview of the pay arrangements and structures in place for chair and non-executive directors for 2021/22. The survey sample saw 130 trusts respond to the remuneration survey, representing 62% of the sector.

The key findings from the survey were:

- 8% awarded cost of living increase to their chair and non-executive directors, down from 24% in 2020/21.
- Average basic remuneration for chairs was 4.4% higher than observed in 2020/21, and average basic NED remuneration was 2.8% higher as the new remuneration structure introduced by NHSI in November 2019 continued to be applied in more trusts.
- On average, trust boards had 6.4 filled NED positions. The majority of NEDs worked 4 to 4.9 days per month. At foundation trusts, uplifts in NED remuneration were applicable in 75% of trusts for the senior independent role, 72% for the audit chair role and 60% for the vice chair role. The largest uplifts in NED remuneration were evident for the audit chair role where just under a quarter of trusts (24%) awarded more than £3,000 uplift for this responsibility.

Filtering the results to look at ‘large’ London Trusts the results show:

- Chair Remuneration
 - National basic salary average - £49,781 and
 - National total remuneration average £49,914
- NEDs Remuneration
 - National basic salary average - £13,738 and
 - National total remuneration average £13,913

Results were not available for ‘extra large’ trusts.

Whilst it is helpful to see the benchmarking, this is for information only and the Trust should align its remuneration structure to the NHSE guidance.

GOSH Current position

It is good practice to regularly review the chair and non-executive director remuneration and previously the Council of Governors approved the policy for benchmarking salaries on a three yearly basis and reviewing the cost-of-living award in line with senior managers’ cost of living awards at GOSH on an annual basis.

The table below shows the salaries of the chair and non-executive directors for 2022/23:

Role	2022/23 (Application of NHSE guidance for a large trust £401m-£500m turnover) – from 1 April 2022
Chair	£50k
Deputy chair	£15k Noting Amanda Ellingworth holds this role and the SID role and is paid £15k for both.

Senior independent director	£15k Noting Amanda Ellingworth holds this role and the Deputy Chair role and is paid £15k for both.
Other non-executive directors	£13k
Associate non-executive directors	£6.5k

GOSH non-executive director remuneration remains consistent with the NHSE guidance at £13k, taking into account the uplift for designated responsibilities for the Deputy Chair and Senior Independent Director to £15k.

However, it is important to note that since the last review GOSH has moved into the 'Extra Large' trust size as its annual turnover in 2022/23 was £637.7m which affects the remuneration range for the **Trust Chair** which NHSE has set to:

Trust size	Annual turnover (£ pa)	Designation	Chair remuneration (£ pa)		
			Lower quartile	Median	Upper quartile
Extra Large	501m-750m	Group 4	50,500	55,000	58,500

The Council Nominations and Remuneration Committee reviewed and considered the remuneration levels for the Trust Chair in light of the Trust now being in the 'Extra Large' trust size bracket and the current context of the Integrated Care System (ICS) and system working and agreed to recommend increasing the Trust Chair's remuneration to £55,000 in line with NHSE's guidance.

Action for the Council of Governors:

- To consider the recommendation to increase the Trust Chair's remuneration in line with NHSE guidance (£55k per annum).
- To note that NED remuneration will remain the same and is in line with NHSE guidance.

Council of Governors

09 November 2023

Council of Governors Effectiveness Survey Results 2023

Summary & reason for item

This paper provides an overview of the pertinent findings of the Council of Governors' review of effectiveness that ran throughout August 2023.

The Constitution and Governance Working Group (CGWG) reviewed the initial findings and found positive shifts in how the Council meetings are Chaired and the support they receive from the Corporate Affairs Team.

Although there were no overtly negative aspects in the feedback requiring remedial or immediate action. There were several recommendations that the CGWG felt could further enhance the performance of the Council and these are presented to Council for approval.

Governor action required

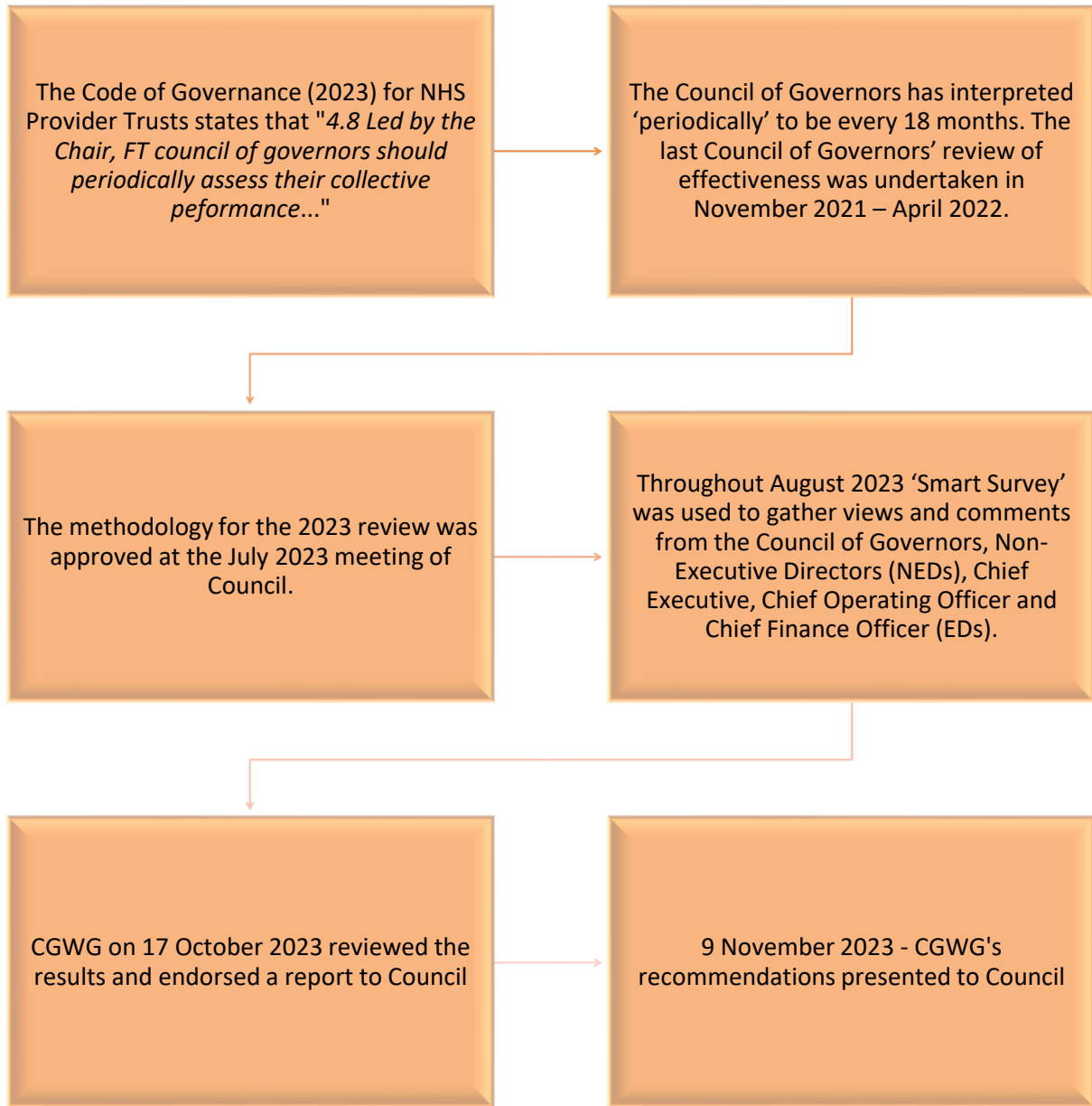
1. Note the key findings of the review.
2. Take stock of and celebrate effectiveness achievements.
3. Approve the CGWG's recommendations for implementation.

Report prepared and presented by

Paul Balson, Head of Corporate Governance

Council of Governors' Effectiveness Survey Results 2023

Background



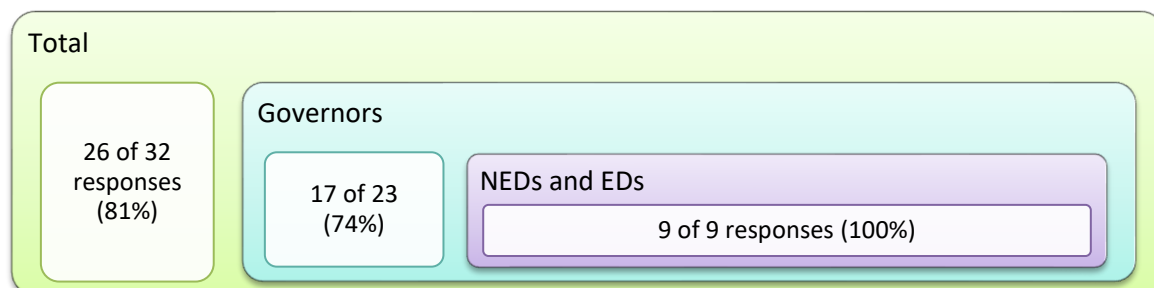
Next steps

Once a final list of recommendations has been approved, the recommendations will be implemented /facilitated by the Corporate Affairs Team.

Regular progress reports will be presented to the Council until all recommendations are closed.

Response rate

The total response rate was 81% (26 out of 32) for this survey (Governors, Non-Executive Directors, and Executive Directors).



Note: Although the previous survey (April 2022) achieved a total response rate of 100%, the survey was not issued to the new Governors at that time (elected in March 2022). For this 2023 survey, all Governors, regardless of tenure status received the survey.

Analysis

The full and detailed analysis is available to governors on GovernorHub. The below provides a summary for the Council along with the recommendations from the Constitution and Governance Working Group.

100% of Governors agreed that they were provided with sufficient guidance and background information when asked to make decisions. In the previous review, only 72% of respondents agreed. 94% of Governors agreed that the Council of Governors' papers provide the right amount of information and are circulated with sufficient time for review. This is an increase from the previous review, where only 72% agreed. A key recommendation arising from the previous review was for the Corporate Affairs Team to instil a range of approaches to streamline Council papers. The improved scores in this review indicates these approaches have worked.

100% of Governors agreed that they were provided with sufficient opportunity to observe the Assurance Committees. This is up from 92% in the previous survey.

100% of Governors feel that Governors can influence the Council of Governors' meeting agendas and the comments received strongly supported that this opportunity was well received.

100% of Governors agreed that:

- The private meetings between the Chair and Lead Governor were beneficial to a Governors' role (92% and 86% agreed respectively in the last review)
- Meetings are chaired effectively (up from 93% last review)
- Agenda items are properly introduced (100% last review)
- Appropriate time is allocated to discuss fully (up from 31% last review)
- Discussions and decisions are appropriately summarised (100% last review)
- Actions agreed at the Council of Governors were followed up and reported back at the next meeting. (75% last review)

100% of NEDs & EDs agreed that:

- Meetings are chaired effectively (88% last review)
- Agenda items are properly introduced (100% last review)
- Appropriate time is allocated to discuss fully (86% last review)
- Discussions and decisions are appropriately summarised (100% last review)

The survey asked Governors and NEDs & EDs to list things that has changed a result of the contribution of Governors- these are listed at [Appendix 1](#). It is recommended that Council take stock

of and celebrate its achievements. Especially, the improvements to quality of discussions at Council meetings, their contribution to the CCC and how they have driven the sustainability agenda.

Member engagement

12% of Governors and 10% of NEDs & EDs felt that more could be done to support Governors in delivering on their duty to communicate with their member constituencies and the public and transmitting their views to the Board. This is an issue that was also raised in the previous survey where 23% were undecided and 8% disagreed that Governors were able to communicate with their constituencies. Membership engagement is within the remit of the Membership, Engagement, Recruitment and Representation Committee (MERRC) and not CGWG – hence no recommendations around this area were proposed.

Governors are asked to note that at its last meeting, MERRC reviewed the Corporate Affairs' consolidated and refreshed action plan for engagement, recruitment and representation.

Recommendations

Listed below are the final list of recommendations, the rationale (citing the survey findings), lead and an update on progress / next steps.

Recommendation	Rationale	Lead	Progress to date / next steps
<p>1. The Chief Operating Officer’s Strategy Team will be requested to develop a comprehensive Council Engagement Plan on forward plans and strategies.</p>	<p>12% of Governors felt that more could be done for Governors to contribute to the development of the Trust’s forward plans, strategy and annual report and accounts.</p> <p>It was noted at the meeting that the timings of Council meetings, the issuing of planning guidance and deadlines for response made it difficult to plan comprehensive Council engagement.</p>	<p>John Quinn – Chief Operating Officer</p>	<p>Corporate Affairs Team will work with the Strategy Team to map out Governor engagement on the annual plan.</p>
<p>2. The Lead Governor to remind all Governors at the next Private meeting of the importance of not becoming too operationally involved.</p>	<p>One Governor’s comment indicated a request to become operationally involved - potentially beyond the remit of the role of a Governor:</p> <p>One NED/ED also commented that some Governor requests can be too operational.</p>	<p>Beverly Bittner-Grassby – Lead Governor</p>	<p>Lead Governor will address this at the private meeting on 9 November 2023.</p>
<p>3. The Corporate Affairs Team to provide more opportunities for Governors to see (appropriate) parts of the hospital that bring the reports to life.</p>	<p>It was noted at the CGWG meeting, that if there was an appetite from Governors for some operational knowledge, some knowledges and experience could be provided e.g., tours of the hospital areas.</p>	<p>Paul Balson – Head of Corporate Governance</p>	<p>To date, tours of the Frontage Building, Hospital Apiary and Staff Governor places of work have been offered. Moving forward, as far as reasonably practical, and dependent on priorities, development sessions will include at least one tour of an area of the Trust.</p>

Attachment Q

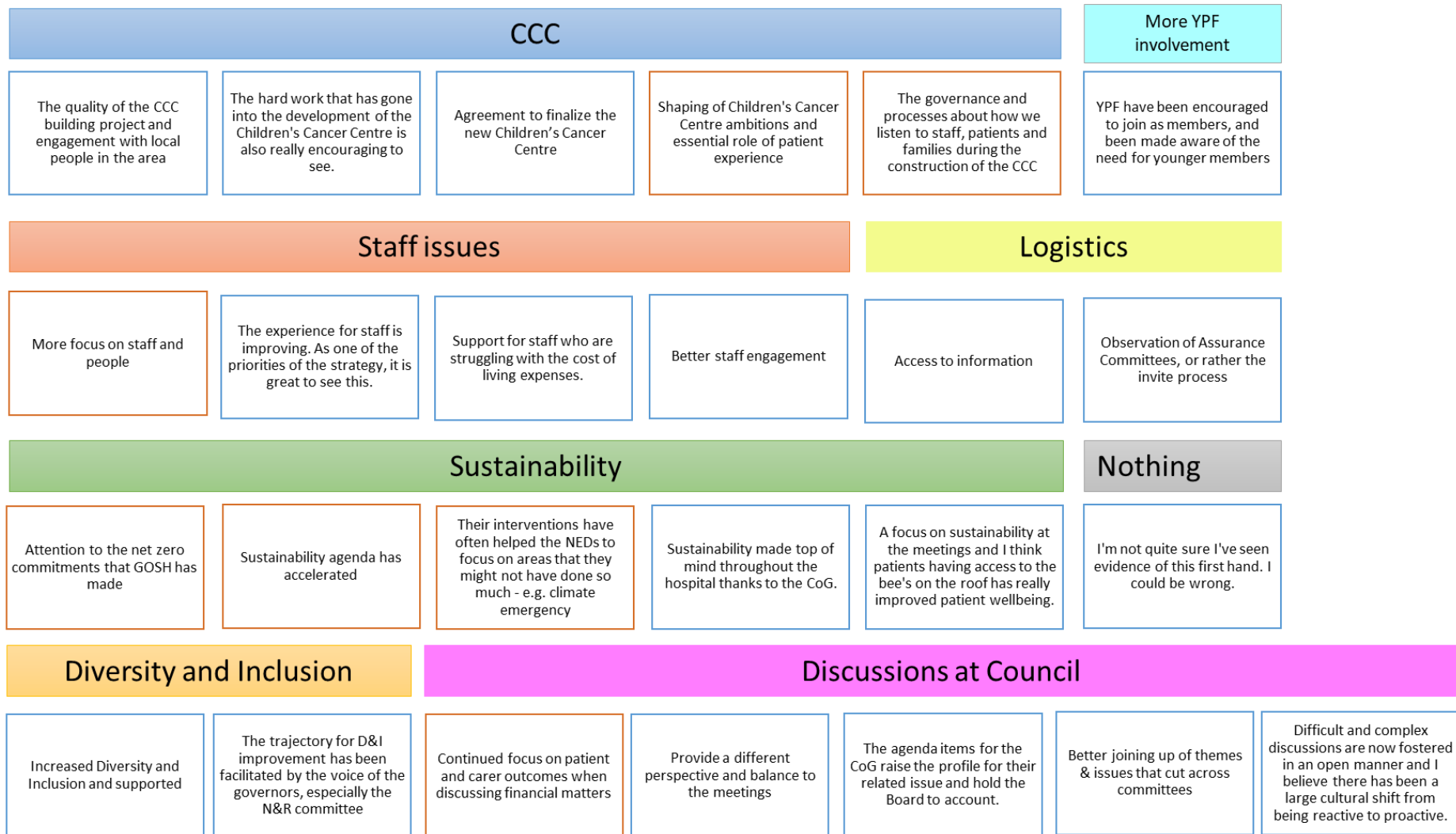
Recommendation	Rationale	Lead	Progress to date / next steps
<p>4. The Corporate Affairs Team will make it clear in the emails to Governors attending Assurance Committee meetings, who else is attending so they can coordinate their attendance amongst themselves.</p>	<p>One comment stated: It would be so helpful to know which other governors are observing because often we cannot attend the entire meeting. This way we could message a fellow governor to say can you please ask this question, raise a concern or give praise</p>	<p>Victoria Goddard – Trust Board Administrator</p>	<p>A new process has been developed and will be implemented going forward.</p>
<p>5. Council to receive an update on the Trust’s Whistleblowing and Freedom to Speak Up work.</p>	<p>Although 100% of Governors felt they had sufficient access to the Chair, the Board, the Senior Independent Director, and Whistleblowing Lead. One comment suggested that a specific agenda item on the work of the SID and Whistleblowing Lead would be beneficial.</p>	<p>Natalie Hennings – Deputy Company Secretary</p>	<p>A Freedom to Speak up Development Session is planned for Council in February 2024.</p>
<p>6. Corporate Affairs team to reiterate in election materials and induction that time to read papers is required in the Governor role.</p>	<p>Although the Corporate Affairs Team has worked hard to balance both the brevity of papers and their suitability and this reflected in the improved scores, it was felt imperative the amount of reading required in the role is made clear.</p>	<p>Paul Balson – Head of Corporate Governance</p>	<p>An additional slide in the ‘So you want to be a Governor’ handbook for prospective Governors details the time expectations of the role.</p>
<p>7. All Governors are asked to share any questions they have on the Council Agenda or any other additional issues at the Lead</p>	<p>Three comments indicated that there was often little time afforded for ‘Any Other Business’ and the time is so well managed some governors could feel intimidated from asking what might be</p>	<p>Beverly Bittner-Grassby – Lead Governor</p>	<p>Lead Governor to address this at the private meeting on 9 November 2023.</p>

Attachment Q

Recommendation	Rationale	Lead	Progress to date / next steps
Governor private session or by email.	considered a silly or unnecessary question.		
8. The Induction Working Group to review Governor effectiveness survey comments (from appendix 2) ahead of planning the Governor induction for the 2024 intake.	Lots of very helpful comments were received from Governors, both praising the role (comments will be used in election comms) and advice for incoming Governors.	Paul Balson – Head of Corporate Governance	The ‘So you want to be a Governor’ session has been set for Tuesday 12 December 2023 – key recommendations will be shared at this session. Induction meetings dates for newly elected Governors have been tentatively set for March 2024 and April 2024.
9. More Governor socials! The Lead Governor with support from Corporate Affairs Team will arrange more social events for Governors.	Although a Governor term is at least three years, there are very few windows for socialising.	Beverly Bittner-Grassby – Lead Governor	A social event is planned for after the 9 November 2023 Council meeting. More to follow!

Appendix 1 Name one thing that has changed a result of the contribution of Governors

Comments from **NEDs & EDs** and **Governors** were grouped into the following categories:



Appendix 2: What you wish you knew at the beginning of your tenure that you know now and what advice would you give to new Governors starting in February 2024?

Think carefully about your role and take it seriously - it is very rewarding and your voice is valid so don't be afraid to speak out	Attending the assurance committees are a great way to understand how the NEDS work and influence the direction of the Trust Board	Lots of topics to read and talk about. Can be quite overwhelming	That the training really is useful, and to stay on top of admin/meetings etc. That way, if something unexpected happens and you fall behind a bit, you haven't completely lost track	Attend in person as much as possible
Your thoughts count! Don't be afraid to ask questions or share your opinion	Embrace and bring energy to the role of Governor	The role is about holding the NEDs to account so you do not need to know every fact and figure!	That there is a lot of reading that needs to be done before meetings but it's an amazing experience and you learn lots about the hospital this way.	It's also really special being in a room full of people who are passionate about making a difference
Observe as many assurance committees as possible as it will help you to gain an understanding of the role.	Probably a meeting with the new ones only and give clear explanation of the roles and the expectations.	That this is a really tangible way to support the Trust deliver excellence	I wish I had more clarity about what the role involves at the beginning of my tenure	Be confident in asking questions.
	Get ready to read at pace!		A clear indication of the time requirements to do the 'minimum' this will help prospective Governors understand how much time they need to allow in terms of annual leave etc.	

Council of Governors

09 November 2023

GOSH Council of Governors Election Update 2023

Summary & reason for item

The next Council of Governors elections open for nominations on Tuesday 21 November 2023 and the process concludes with the declaration of results on Friday 23 February 2024.

There are ten seats up for election. Elected Governors will start their three-year terms on 1 March 2024 and have their first Council meeting on Wednesday, 15 May 2024.

This report provides:

- Detailed dates for the election
- Information about the seats up for election
- Summary of the communication strategy for this election

Governors actions required

1. To note the process and plan for the election campaign
2. To discuss any further communication approaches to explore for the promotion of the election
3. To encourage friends, family and colleagues to become members and stand as a governor.

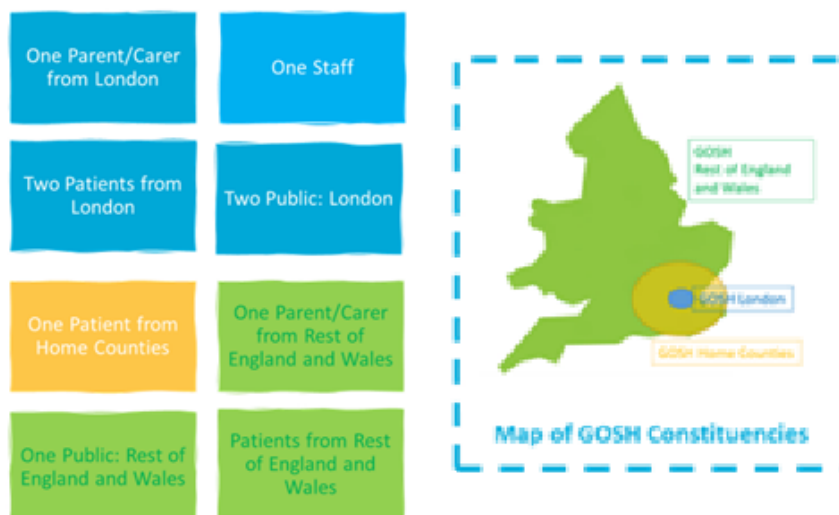
Report and presented by:

Paul Balson – Head of Corporate Governance

GOSH Council of Governors Election Update 2023

Background

Since 2021, Council of Governor elections take place annually. At each election roughly 1/3 of elected Governor seats are contested. The Council is asked to note that the number of seats subject to election this year is higher than expected due to vacancies unfilled since the last election and accrued in-year. Information about the seats to be contested is below:



Seat	Who	Comment
Parent/Carer from London	Stephanie Nash*	Will stand down on 29 February 2024 having reached their six-year maximum term. The Corporate Affairs Team would like to send a big thanks to these Governors and are preparing a short summary of their achievements in the last six years that will be shared with them.
Parent/Carer from Rest of England and Wales	Claire Cooper-Jones*	
Public: Rest of England	Julian Evans*	
Staff	Quen Mok*	
Patients from London	VACANT – not filled at last election	This seat was not filled at the last election as there were no interested candidates.
Patients from Home Counties	VACANT - <i>Was Olivia Burlacu</i>	
Patients from Rest of England and Wales	VACANT - <i>Was Georgina Townsend – Teague</i>	
Public: London	VACANT - <i>Was Sara Ayerman</i>	
Patients from London	Abbigail Sudharson	Roly and Abbigail are eligible to stand again for a further three years before reaching the six-year maximum. Ahead of the nomination window, the Corporate Affairs Team will send Abbigail and Roly information on options and possible courses of action.
Public: London	Roly Seal	

Timetable of election

ELECTION STAGE	Dates
Notice of Election / nomination open	Tuesday, 21 Nov 2023
Nominations deadline	Tuesday, 19 Dec 2023
Notice of Poll published	Monday, 22 Jan 2024
Close of election	Thursday, 22 Feb 2024
Declaration of results	Friday, 23 Feb 2024
Start of new Governor terms	Friday, 1 Mar 2024
First Council meeting for new Governors	Wednesday, 15 May 2024

Engagement and awareness raising

The following issues strongly indicated to the Corporate Affairs Team that for the 2023 elections, a revamped approach to advertising the Council of Governor Elections and role of Governors was required.



Listed below are the approaches being taken by the Corporate Affairs Team, in addition to the notification of ballot letters.

Channel / activity	About
Revamped PowerPoint images and materials	A new range of colourful and diverse slides have been produced. These will be used on Twitter, the website, publications, screensavers and posters – See Appendix 1.
So you want to be a governor?’	On Tuesday 12 December 2023, 6.30pm to 7.30pm the Corporate Affairs Team with Governor volunteers are hosting a virtual: <i>'So you want to be a Governor'</i> This session provides an opportunity for interested Foundation Trust members to ask what life as a Governor is like and hear more about the role. This will be the 3 rd year the team have run this session and it has proven useful. Topics covered include: <ul style="list-style-type: none"> • A typical day for a Governor • Summary of the key responsibilities • Next steps if they want to stand
26 individual and unique tweets throughout the nomination and election phase	Several tweets will target the staff forums, Gosh School and other GOSH Twitter channels. See Appendix 1 for some examples of tweets to be used across the nomination and election phases.

Channel / activity	About
Presentation to the Staff Forums: PRIDE, REACH, Enabled and Women's Forum	Head of Corporate Governance will present a two-objective pitch to the forums: <ul style="list-style-type: none"> • Recruit friends, family, and neighbours as members • Encouragement to stand as Governor
Updated the 'Thinking about being a Governor?' booklet	New pages include estimates of the time required to read and imbibe Council papers, observe Assurance Committees, and take part in engagement activities – See Appendix 1.
Promotional videos	Governors will be asked to provide video footage which will be trailed on the membership X (Twitter) account.
Revamped webpage and OurGosh	A new webpage for the election complete with quotes from NEDs and Governors is pending approval – draft provided at Appendix 2
60 seconds with....	A profile on Staff Governor Lizzy Nuttall-Collins expanding on the elements of the role she finds most exciting. This will be shared across OurGOSH
All Staff cascade	The Staff cascade will tell all staff about the election.

Action required from the Council

1. To note the process and plan for the election campaign
2. To discuss any further communication approaches to explore for the promotion of the election
3. To encourage friends, family and colleagues to become members and stand as a governor.

Appendix 1: Examples of Election communications

<p>Template for all: Screensavers, website images and tweets.</p>	<p>Front cover of the 'Thinking of becoming a GOSH Governor' information booklet.</p>

<p>Examples of tweets to be used across the nomination and election phases.</p>	

Appendix 2: GOSH Public webpage

- Membership and the Council of Governors
- ▶ **Elections**
- Elections 2021/22
- Elections 2020/21
- Council of Governors' Elections 2022/23
- Annual General Meeting and Annual Members Meeting
- Council of Governors
- Membership
- The role of a governor
- Become a Foundation Trust member
- Decision making
- Diversity and inclusion
- What it means to be an NHS Foundation Trust
- Freedom of information act
- Our corporate information
- Our history
- Our strategy
- Our building programme
- Who we are
- Contact us

Council of Governors' Elections

Council of Governors' Elections 2023/24

Please find below details and resources for the Council of Governors' elections that open for nominations on **Tuesday 21 November 2023**. GOSH Foundation Trust members will receive details of how to nominate themselves via email or post. Further information is at the bottom of this page.

If you have any further questions, then please do not hesitate to contact the Corporate Affairs Team on foundation@gosh.nhs.uk

Beverly, our Lead Governor



“ **Passionate about healthcare? Become a Governor and shape the direction of GOSH. Your insights and ideas will help us provide better care for our patients.** ”

Have you considered becoming a GOSH Governor?

If you are looking for a new challenge, can spare some time on a regular basis and want to make a difference to children’s lives, then standing for election as a Governor on the Great Ormond Street Hospital Council of Governors is a great way to make that happen.

“ *Governors’ contribution is extremely valuable* ”
Suzanne Ellis, Non-Executive Director

What is the Council of Governors?

The Council of Governors is a key mechanism by which the trust is accountable to local people. It is an important link between the Trust Board and Foundation Trust members. It meets formally at least four times a year in public. In addition, committees and working groups established by the Council of Governors provide governors with the opportunity to assist and advise on the work of the Trust and to develop plans for the future.

The Council of Governors is made up of 27 Governors which includes 23 elected Governors and 4 appointed Governors.

Governors are members (patients, parents / carers, members of the public and staff) who have nominated themselves to sit on the Council. They were elected by their fellow members from their Foundation Trust constituency.

The Trust holds elections every year for roughly 1/3 of the Council. The election process starts in November each year - Governors are elected for three years and may serve for a total of six years if they are re-elected or re-appointed

To find out more about our current Governors and why they stood for election see their [biographies](#).

What seats are up for election this year?

“ *Every voice matters. Stand for the Council of Governor elections and make a difference in shaping the future of GOSH. Our governors represent patients, parents/carers, staff and the local area.* ”

Beverly Bittner-Grassby, Lead Governor

Council of Governors

09 November 2023

Governance update

Summary / reason for item

This paper provides a summary of Council of Governors' related governance activity since the last Council meeting in July 2023.

1. Constitution and Governance Working Group

The Constitution and Governance Working Group was held on 17 October 2023 and discussed the results of the Council of Governors effectiveness survey. The discussion and their recommendations are presented to the Council today in a separate paper on the agenda (**see paper attachment Q**).

2. Governors Sustainability Working Group

The Governors Sustainability Working Group as held on 12 October 2023. They received an update on the delivery of sustainability at the Trust, future plans to decarbonise the estate and an update on progress being made on the Medicines Sustainability Programme of Work.

3. Governor Support: Virtual Workshop

On Thursday 28 September Quen Mok – Staff Governor attended the NHS Providers' Governor support workshop. Quen will provide a verbal summary of her key highlights. The slide deck from the day have been uploaded to GovHub.

4. Updated Fit and Proper Person's Policy

The Council of Governors are updated on the new Fit and Proper Person Test (FPPT) Framework developed by NHS England, in response to the recommendations made by Tom Kark KC in his 2019 Review of the FPPT. It sets out the key points, what checks will be different, the Trust's actions and next steps to ensure full implementation by 31 March 2024. (**see paper attachment T in pack**).

5. Changes to Governors

Since the last meeting, Sara Ayerman has stepped down, effective from 30 September 2023. Sara's position as a Public Governor from London will fall part of the governor election commencing shortly.

Governor action required

- To note the report and activities since the last Council of Governors' meeting.

Report prepared and presented by: Natalie Hennings, Deputy Company Secretary

Governance Update

1. Constitution and Governance Working Group

The Constitution and Governance Working Group met on Tuesday 17 October 2023.

In addition to the Council of Governors effectiveness survey recommendations review (**covered in item 13, attachment Q on the Council agenda**), the following highlights were discussed / reported:

- The Company Secretary provided a snapshot of the history of the group for its new members: from being a group with sole focus on undertaking a root and stem review of the constitution, member constituencies and council structure; to a working group that addresses all Governor related governance issues.
- The Corporate Affairs Team should develop and make available a calendar of events that build new and existing Governors' knowledge of the Trust – *to bring the papers to life*.
- Lead Governor to check with new Governors if they would like to be linked with existing governors for onboarding purposes and check if any existing governors have capacity to do this.

In its next meeting in January 2024 the Working Group will discuss the following:

- Changes to the Governor Attendance and mandatory training SOP
- Constitution changes required due to new Code of Governance
- Group terms of reference

Additionally, it should be noted that the working group has one open vacancy. Governors interested in joining should inform paul.balson@gosh.nhs.uk.

2. Governors' Sustainability Working Group

The Governors' Sustainability Working Group was held on 12 October 2023 and discussed the following topics:

Sustainability Delivery Update: Nick Martin, Head of Sustainability and Environmental Management gave a delivery update and confirmed the Sustainability Programmes of Work continue to progress.

Key projects from the last quarter were:

- **Our People:** The Sustainability Podcast Series has had 1,599 views and further episodes are in the making. Support for a wider 'sustainability education programme' is being sort along with discussions with the GLA.
- **Food and Nutrition:** The Healthcare without Harm Food pledge project, working with Health Care Without Harm aims to work out the Trust's emissions base line on all patient food.
- **Medicines:** A project is underway to look at changes in the way the Trust procure and use nitrous in theatres.
- **Public Realm:** The team are working with University College London Hospitals and other NCL Trusts on air quality and also aiming to create a GOSH air quality action plan.



Updates were provided on the following projects:

- **Air Quality Simulation:** Partnership project between GOSH, NCL Integrated Care System and Camden Council to ensure healthcare professionals in GOSH and subsequently the North Central London have the confidence and knowledge to engage in conversations to build public understanding and awareness about the impacts of air pollution, so that people can

take steps to safeguard their health and the health of their community. The project follows on from the EPIC technical build, linking post code specific air pollution data to the patient record and will involve the production of videos, written guidance and informative materials to support medical professionals to have conversations with patients and families that are prompted through the chart.

- Funding has been successfully won for the **Born Free Project** aiming to create a model for paediatric units that protects human health and the environment by reducing single-use (plastic) items and phasing out harmful chemicals by 2030. Project starts imminently on Koala ward.
- **Play Street:** The Trust held another successful Play Street in September 2023 which saw Great Ormond Street open to pedestrians only. Staff were joined by patients and families who got involved in a number of activities and games that were available. We were pleased to see a couple of our governors join the membership stand to help raise awareness of membership.



- Six Green Teams have been shortlisted to take part in a 10 week sustainability Quality Improvement competition, with an aim to transform the day to day work in the hospital to become more environmentally friendly. The group looked forward to hearing more about the ideas each green team have at a future meeting.

Lastly, the Group heard about the challenges, the most immediate being the resourcing for the ten programmes of work. A lot of the current work is undertaken by the Trust's Green Champions who are committing their time voluntary and therefore a proposal for funding to support the work through protected hours for Chairs and administrative support is being sought; this approach is supported by the Sustainability Programme Board but is yet to be agreed.

GOSH's approach to Estate Decarbonisation: The group was pleased to welcome Jason Dawson, Interim Director of Space and Place who explained the Trust's journey to creating a net zero estate by 2030. The group were pleased to receive an overview of the Trust's carbon footprint and felt it was a positive step forward that the KPIs were now monitored and reported through the Sustainability Programme Board. The KPI dials for the 2030 GOSH Footprint KPI dials show an overall reduction of 1.48% reduction in CO₂e across 2 years. Improvement was noted in the CO₂e impact of anaesthetic gas usage was down -10% due to the work reducing Desflurane use, and business travel and NHS fleet impact was down -7.7% due to the increased use of electric vehicles by our Non-Emergency Patient transport service.

In 2022/23, energy use on the GOSH estate was responsible for emissions of approximately 15,000 tCO₂e which accounts for over 94% of its 2030 carbon footprint. A carbon pathways model has been developed to understand GOSH's current estate related carbon emissions and to consider how these will change in the future with a projected view through to 2050 for 4 alternate scenarios in addition to a 'business as usual' scenario based on continuation of current levels of activity and consumption. Of the various options available to decarbonise the estate the option that delivers significant cost savings and an improved health care environment whilst remaining affordable is the Deep Decarbonisation scenario. This entails a programme of energy efficiency measures culminating in

the replacement of the existing gas heating and Combined Heat and Power system with full electric heating. This scenario delivers a c.87% reduction in estate emissions by 2030 compared to 2022/23.

Medicines Sustainability Programme of Work update: The Group heard from Stephen Tomlin, Director of Children’s Medicines Centre at GOSH and Caroline Dalton, Senior Specialist Pharmacist on the work underway as part of the Medicines Sustainability Programme of Work. It was explained that the NHS equals 4% of the total UK carbon emissions and 25% of the NHS emissions are directly related to medicines. To support the reduction in medicines emission GOSH is part of a multi stakeholder action collaborative of 48 organisations executing a four year programme to build, test and scale sustainable frameworks and solutions.

The group heard about projects aimed at reducing the emissions from inhalers by 25% in 2023/24, and also ‘Pill School’ which is looking at switching prescriptions from suspension to tablets, giving an example of success already from one NHS region. The Trust has completed a study to estimate the embodied carbon of different formulations of paracetamol, its packaging and the consumables used in administration within paediatrics and the results show that tablet form medication with small paper cup uses the lowest embodied carbon in terms of acceptability and patient safety (in this particular study). This presents the opportunity for significant savings due to awareness of the choices available.

Governors were pleased to hear about the progress that is being made towards making products and services more sustainable and were encouraged to see the long term plan for future estate decarbonisation acknowledging it would be a challenge.

3. Governors Support: Virtual Workshop

On Thursday 28 September Quen Mok – Staff Governor attended the NHS Providers’ Governor support workshop. Topics covered included:

- The increased pressure on the NHS in advance of a ‘looming’ general election.
- A review of the first year of Integrated Care Boards, Integrated Care Partnerships and Integrated Care Systems and how system working affects Councils of Governors - Governors’ statutory role and powers remain unchanged. Governors were advised to focus on their own Foundation Trusts and request regular updates from the management teams on ICB, ICP and ICS progress.
- Review of the key challenges facing the NHS:
 - Elective care backlog- in primary, secondary and tertiary care
 - Ongoing national enquiries and their implications.

Quen will provide a verbal summary of her key highlights. The slide deck from the day have been uploaded to GovHub.

Council of Governors

09 November 2023

Updated Fit and Proper Person Policy

Summary & reason for item:

The report presents the new [Fit and Proper Person Test \(FPPT\) Framework](#) developed by NHS England in response to the recommendations made by Tom Kark KC in his 2019 Review of the FPPT.

The FPPT was originally introduced in 2014 via Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and it applies to board directors, board members, who are responsible and accountable for delivering care, including associate directors and any other individuals who are members of the board, irrespective of their voting rights.

The legislation has not changed but this new framework aims to support NHS organisations' compliance with the regulations and makes some changes to the checks and balances that are intended to ensure directors satisfy the regulatory requirements.

The Framework applies to all board members of NHS organisations and the key points include:

- Integrated care boards (ICB), CQC and NHSE board members are now within the FPPT scope, in addition to NHS provider trust and foundation trust (FT) board members, including interim/ acting up and non-voting members.
- The framework introduces a new standardised board member reference. These references will be created whenever a board member leaves an NHS organisation, regardless of whether they are moving immediately to another NHS role and should be sought by employing NHS organisations when making a job offer. The reference is based on the NHS standard reference template but includes additional questions relevant to the FPPT. This will be implemented by **30 September 2023** for all new board appointments or board members leaving after this date.
- The Electronic Staff Record (ESR) will be used to store information related to FPPT checks and references. This will provide a standard way to record and report compliance internally. Retrospective population of data is not required.
- Annual self-attestations by board members to confirm adherence to the regulations will continue. You already complete these and the forms have been standardised and simplified.
- NHS England will now have oversight through receipt and review of the annual FPPT submissions (to the relevant NHS England regional director from NHS organisations). The annual submission includes:
- The FPPT outcome for board members, including new starters and leavers within the period.

- Details of any reviews and inspections of the FPPT process, including CQC, internal audit, board effectiveness reviews etc.
- Declaration from the Chair (for board members) and the SID (for the Trust Chair) that the submission is complete, and the conclusion drawn is based on testing the FPPT framework.
- Every three years, NHS organisations are required to have an internal audit to assess the processes, controls and compliance supporting the FPPT assessments. The internal audit should include sample testing of FPPT assessment and associated documentation.
- The Trust Chair is accountable for taking all reasonable steps to ensure the FPPT is effectively implemented in their organisation.

It is good practice for the Trust Chair to present a report on completion of the annual FPPT in accordance with local policy, to the board in a public meeting and, to the Council of Governors (for Non-Executive Directors), for information. This will take place alongside the presentation of the Trust Chair and Non-Executive Directors annual appraisals.

This information can also be retained by the Council of Governors as part of future considerations for any reappointments. Similarly, the Council of Governors will be informed of a satisfactory initial FPPT assessment for any new Trust Chair and NED appointments.

Whilst the regulation does not apply to governors of a foundation trust, governors at GOSH are required to complete an Eligibility Declaration Form upon appointment and annually thereafter. This form captures the requirements from the [NHS Provider Licence](#) (condition G3), and [GOSH Constitution](#) (paragraph 15), ensuring a person meets the requirements to become or continue as a governor.

Governor action required:

The Council of Governors are asked to note the report.

Report prepared by: Natalie Hennings, Deputy Company Secretary

Item presented by: Anna Ferrant, Company Secretary

Fit and Proper Persons Test Policy and Framework

1.0 Introduction

NHS England has developed a [Fit and Proper Person Test \(FPPT\) Framework](#) in response to recommendations made by Tom Kark KC in his 2019 Review of the FPPT. This also takes into account the requirements of the Care Quality Commission (CQC) in relation to directors being fit and proper for their roles. The new Fit and Proper Persons Test (FPPT) Framework for board members was published on 02 August 2023.

2.0 Background

The FPPT was originally introduced in 2014 via Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The legislation has not changed but this new framework aims to support NHS organisations' compliance with the regulations and makes some changes to the checks and balances that are intended to ensure directors satisfy the regulatory requirements.

The Kark Review (2019) was commissioned by the government in July 2018 to review the scope, operation, and purpose of the FPPT as it applies under the current Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This included looking at how effective the FPPT is:

"... in preventing unsuitable staff from being redeployed or re-employed in the NHS, clinical commissioning groups, and independent healthcare and adult social care sectors."

The review highlighted areas that needed improvement to strengthen the existing regime and these can be viewed [here](#).

This new FPPT Framework supports the implementation of the recommendations from the Kark Review. The purpose is to strengthen/reinforce individual accountability and transparency for board members, thereby enhancing the quality of leadership within the NHS. The Framework will help board members build a portfolio to support and provide assurance that they are fit and proper, while demonstrably unfit board members will be prevented from moving between NHS organisations.

3.0 Implementation

NHSE expect organisations to implement the FPPT Framework in line with the timetable below:

As soon as possible	<ul style="list-style-type: none"> communicate with all board members whose details will be included in Electronic Staff Record (ESR) for the purpose of FPPT. The Electronic Staff Record is a payroll database system used by 99% of NHS trusts. It provides a hub for employees to have control over their personal data with their employer including access to payslips, pension statements and e-learning.
From 30 September 2023	<ul style="list-style-type: none"> use the new board member reference template for references for all new board appointments complete and retain locally the new board member reference for any board member who leaves the board for whatever reason and record

	<p>whether or not a reference has been requested (this means a reference is now automatically produced for any director leaving an NHS organisation, even if the reference has not been requested by another organisation. It is held on the individual director's ESR).</p> <ul style="list-style-type: none"> • use the Leadership Competency Framework (LCF) as part of the assessment process when recruiting to all board roles
By 31 March 2024	<ul style="list-style-type: none"> • fully implement the FPPT Framework incorporating the Leadership Competency Framework, including updating the ESR database
By Q1 2024	<ul style="list-style-type: none"> • incorporate the Leadership Competency Framework into annual appraisals of all board directors for 2023/2024, using the board appraisal framework

4.0 Main elements of the new FPPT Framework at a glance

- ⇒ The **FPPT is applicable to all board members**: executive and non-executive, interim/ acting and permanent, and voting and non-voting.
- ⇒ The FPPT is carried out on an individual board member basis.
- ⇒ The **Electronic Staff Record (ESR)** will be used to store information related to FPPT checks and references for applicable board members as outlined above. This will provide a standard way to record and report compliance internally. Retrospective population of data is not proposed.
- ⇒ The **Leadership Competency Framework (LCF) will be used to support the FPPT** for individual board members as part of their annual appraisal with a summarised record added to ESR.
- ⇒ The **board member reference (BMR)** template is to be completed for any board member: the reference should be completed when a board member leaves the organisation irrespective of whether a reference has been requested by a future employer.
- ⇒ **NHS England will have oversight of the process** through receipt and review of the annual FPPT submissions from GOSH to the relevant NHS England regional director.
- ⇒ Every three years, NHS organisations should have an **internal audit to assess** the processes, controls and compliance supporting the FPPT assessments. The internal audit should include sample testing of FPPT assessment and associated documentation.
- ⇒ The scope of the **FPPT applicability has broadened** to include Integrated care board (ICB), CQC and NHSE board members.

5.0 What checks are different

The below tables outlines the assessment and checks are currently undertaken by GOSH and the additional checks introduced by the new FPPT framework that will also be required:

On appointment and annually

* Fields marked with an asterisk (*) – these do not require validation as part of the annual FPPT unless a specific reason arises. However, these fields should still be updated in the event of a change to the information held.

Check	Currently undertaken	New (additional following FPPT guidance 2023)
First name*	√	
Second name/surname*	√	

Check	Currently undertaken	New (additional following FPPT guidance 2023)
The national insurance number is an additional check where there may have been a change of name highlighted in the initial or annual assessment.	√	
Organisation* (i.e. current employer)	√	
Staff group*	√	
Job title*	√	
Occupational code*	√	
Position title*	√	
Employment history* – This would include detail of all job titles, organisations, departments, dates and role descriptions – Any gaps that are because of any protected characteristics, as defined in the Equality Act 2010, would not need to be explained	√	
Training and development	√	
References* - Available references from previous employers, including references where the individual resigned or retired from a previous role	√	
Last appraisal and date <i>(For Chair and NEDs, information about appraisals is only required from their appointment date forward. No information about appraisals in previous roles is required).</i>	√	
Disciplinary findings That is, any upheld finding pursuant to any NHS organisation policies or procedures concerning employee behaviour, such as misconduct or mismanagement.		√
Grievance (upheld) against the board member		√
Whistleblowing (upheld) against the board member		√
Actions or investigations relating to any ongoing or discontinued matters relevant to FPPT and pursuant to the NHS organisation's Disciplinary/ Grievance/ Whistleblowing/Employee behaviour policies should also be recorded		√
Type of DBS disclosed*	√	
Date DBS received*	√	
Date of medical clearance* (including confirmation of occupational health assessment).	√	
Date of professional register check (e.g. membership of professional bodies)	√	
Insolvency check	√	
Disqualified directors register check	√	
Disqualification from being a charity trustee check*	√	
Employment tribunal judgement check	√	
Social media check	√	
Fit and Proper Persons Requirement Personal Disclosure Form	√	
Self-attestation form signed		√

Check	Currently undertaken	New (additional following FPPT guidance 2023)
<i>(replaces above FPPR personal disclosure form)</i>		
Board member reference*		√
Sign-off by Chair/CEO		√

6.0 Recording

The Director of HR&OD is responsible for ensuring FPPT checks are entered onto the Electronic Staff Record (ESR). The recording of this information will be delegated to a member of the HR Department who will complete the testing (validation) and record the outcome on the FPPT ESR data fields for the annual assessment. The ESR record is live and should be updated for any changes or matters arising at any point in time. The FPPT in ESR is commissioned by NHS England.

Other documentation that supports the FPPT conclusion should be saved/recorded and retained as appropriate and in accordance with our Corporate Records Management Policy. This documentation will be available for the chair/chief executive in carrying out the annual appraisal and FPPT assessment for the NEDs and executives respectively, and for the chair in carrying out the overall FPPT review for the organisation.

Each board member has been issued with a privacy notice outlining the information collected and processed for FPPT including the how it will be stored, and your data protection rights.

7.0 Actions and next steps

Since the new FPPT Framework was issued in August 2023, the Trust has been reviewing its Fit and Proper Person's Policy. A communication has been sent to all board members outline the new FPPT framework along with a privacy notice relating to the information collected and processed for FPPT.

Our next steps will be:

- Presenting the FPPT Policy to the Policy Approval Group on 27 October 2023 for final policy endorsement.
- Fully implement the FPPT Framework incorporating the Leadership Competency Framework, including updating the ESR database by 31 March 2024.
- Incorporate FPPT into the annual appraisals (by April 2024 for the Chair and NEDs).
- Drafting an annual FPPT report for submission to NHS England.

Council of Governors

9 November 2023

Update from the Membership Engagement Recruitment and Representation Committee (MERRC)

Summary & reason for item

This is an update from the Membership Engagement Recruitment and Representation Committee (MERRC) that met on 17 October 2023.

Governors hold a responsibility to advocate for the interests of the GOSH membership - MERRC aims to help Governors fulfil this duty effectively.

This report summarises the discussions and actions arising from the MERRC meeting that are:

- Membership statistics report
- Play Street
- Consolidated engagement, recruitment, and representation project list
- Progress against the Membership Strategy for 2022-2025
- Current / upcoming activity
- Annual General Meeting and Annual Members' Meeting 2023

Governor action required

To note the report and raise any matters of interest in discussion.

Report prepared and presented by:

Paul Balson – Head of Corporate Governance

Update from the Membership Engagement Recruitment and Representation Committee (MERRC)

Membership statistics report

The Committee reviewed progress against its recruitment targets.

Patient, Parent & Carer membership

Since the last report to Council, two new patient and parent carer members (one GOSH London and one GOSH Home Counties) were recruited. However, seven were removed meaning an overall **decrease** of five patient and parent carer members. The Trust was 148 members behind trajectory for its year target. where we aimed to be for this time of year.

Public membership

Since the last report to Council, 14 new public members (10 GOSH London, three Rest of England and Wales and one GOSH Home Counties) were recruited and six members were removed meaning an overall **increase** of eight new public members. The Trust was 44 members **behind** where we aimed to be for this time of year.

Plans to improve membership recruitment

Overall, the Trust was 192 members behind its ambitious recruitment target for this time of year. However, four members were recruited at Play Street and two additional members joined via QR code after the event. Although a small impact it was a step in the right direction and with more projects due to come online shortly, there is mild optimism numbers can be driven up.

Play street



Governors and the Corporate Affairs Team engaging with current members and recruiting new ones!

On 22 September 2023, the Trust closed Great Ormond Street welcoming patients, families and children for the return of Play Street and an afternoon of play. Several Governors were supported by the Corporate Affairs Team to engage and recruit members.

Play Street forms a key part of GOSH's ongoing work to support the health of patients and their families, staff and the local community by improving air quality in and around the hospital. It helps envision a future where the road could be a healthier, green space for families and the local community to enjoy.

Consolidated engagement, recruitment, and representation project list

The Committee reviewed an action plan that plotted the top-level milestones of the plans and projects MERRC, and the Corporate Affairs Team have planned for the rest of 2023 and 2024.

The action plan is available at Appendix 1.

Moving forward MERRC will receive regular updates on progress and many of these are already in progress. Below is an update on these actions:

Project	Update
A banner or link on OurGOSH	The Head of Corporate Governance has been liaising with the Communications Team who have specific criteria for advertising information on the OurGOSH carousel and internal pages. This will continue to be pursued.
Set a challenge for Governors to recruit friends and family as new members (hard copy membership forms AND QR codes were circulated on 5 July 2023 in the Membership newsletter to recruit new members	Competition and instructions on how to ensure Governors are named will be included in the December Governor newsletter.
A QR code on outgoing communications	The Head of Corporate Governance will meet with the Head of Volunteer Services, Head of Patient Engagement as well as Communication leads at the Charity to discuss adding the QR code to communications
More Lagoon recruitment stands using physical forms and a member of the Corporate Affairs Team with a laptop.	The Membership recruitment stand on 9 November 2023 will be evaluated to determine if it should be repeated. Additional Governor led stands will be scheduled.
Investigate the benefits of NHS Discounts for members	Head of Corporate Governance is looking into the availability of NHS Discounts and Blue Light discounts for Members. Once confirmed, this will be added to recruitment materials and new starter letters.
Investigate training offers as an incentive for members to join	The Head of Corporate Governance has started work with the Education and Training team to set aside an area of the Digital Education Network for Members, so they can access exclusive training and education materials. Once confirmed, this too will be added to the recruitment materials and new starter letters.

Project	Update
Creation of new video advertising of the role of Governor and the Council of Governor elections.	Governors have been asked to come in earlier than usual on 9 November to record videos for use across the membership communication channels.
Zoom surgeries for Governors to meet with their constituents	The Corporate Affairs Team will facilitate online zoom surgeries for their members to 'drop in' and hear about the work of their governors and provide feedback to governors.
School and University Engagement	The Gosh Learning academy has reached out to the schools in Camden for learning and education opportunities – the Corporate Affairs Team will link with the schools and discuss promoting membership and Governorship. Kamya Manda – YPF Governor has drafted communications for London Medical Schools that will be shared once reviewed by the Corporate Affairs Team.
Targeted communication approaches	The Head of Corporate Governance will address the Trust forums with the aim of asking them to: <ol style="list-style-type: none"> 1. Recruit friends and family members 2. Stand for election.
Election communications	Many of the election communications also include pitches for membership.

Progress against the Membership Strategy for 2022-2025

Knowledge

- A well attended AGM and AMM
- AGM / AMM webpage updated
- Election special 'Get Involved' circulated
- Extensive elections communications planned incorporating
- Membership access to GOSH learning resources via the DEN

Inclusivity

- Head of Corporate Governance met with national Stakeholder Engagement Leads to showcase the work of MERRC
- Recruitment and engagement stand held at Play Street
- Extensive elections communications prepared to target specific groups

Sustainability

- Head of Corporate Governance attended 'The Impact of Climate Change on a Business' webinar
- Governors' Sustainability Working Group met on 12 October 2023

Annual General Meeting and Annual Members' Meeting 2023

On Wednesday 20 September 2023, we celebrated our children and young people at the Great Ormond Street Hospital (GOSH) Annual General Meeting and Annual Members Meeting.





The meeting was held in person and online and was an opportunity to hear colleagues present on GOSH's performance in 2022/23.

There were presentations from:

- Our Chair, Sir Michael Rake
- Chief Executive, Matthew Shaw
- Medical Director, Prof Sanjiv Sharma and Chief Nurse Tracy Lockett
- Chief Finance Officer, John Beswick
- Lead Governor, Beverly Bittner-Grassby



However, it was the Children and Young People who were the stars of the show!

<p>Celebrating Children and Young People</p> <p>Rose Dolan</p> 		<p>We were especially pleased to have been joined by Rose, our Young People's Forum Governor who shared her experiences as a patient, the opportunities GOSH has given her and the amazing things she has achieved.</p>
<p>Sameera from the Young People's Forum interviewed John Beswick Chief Finance Officer on GOSH Finances and asked some probing finance questions.</p>		
		<p>We received an inspirational video from some of our Young People's Forum (YPF) members talking about their achievements in many areas from the British Transplant Games to photography and music.</p>

Some of the Trust's key achievements in 2022/23 included:

- Launched a new and improved Wi-Fi service that allowed staff, patients and guests to securely connect to fast and reliable Wi-Fi (April 2022)
- In May 2022, Alyssa, then 13, became the first patient in the world to receive base-edited T-cells to treat her T-cell acute lymphoblastic leukaemia
- Our yearly Play Street programme resumed in June 2022, and we came together with patients and the local community to celebrate play and clean air on a glorious sunny day on Great Ormond Street.
- In July, 12 of our patients headed to Leeds to take part in the British Transplant Games
- The NIHR GOSH BRC awarded £35m funding to deliver translational research over the next 5 years.

Attachment: U

- In November 2022 we celebrated three years of the Zayed Centre for Research. Since opening the Centre has welcomed almost 50,000 patients a year, seeing up to 200 patients daily.
- In February 2023, full planning permission for the Children's Cancer Centre was granted in April 2023.

Also on the agenda was a discussion around our membership, how we communicate with members and a summary of our ambitious plans for the future as well as activities of the Council of Governors.

End

